

Fill in this information to identify the case:

Debtor name The Diocese of New Ulm

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 17-30601

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 17, 2017

X /s/ Monsignor Douglas L. Grams

Signature of individual signing on behalf of debtor

Monsignor Douglas L. Grams

Printed name

Vicar General

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name The Diocese of New Ulm

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 17-30601

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 6,556,175.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 4,266,744.96
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 10,822,919.96

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 7,899.18

4. Total liabilities	
Lines 2 + 3a + 3b	\$ 7,899.18

Fill in this information to identify the case:Debtor name The Diocese of New UlmUnited States Bankruptcy Court for the: DISTRICT OF MINNESOTACase number (if known) 17-30601☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Frandsen BankChecking - Repurchase Agreement2576\$96,059.253.2. Christian Brothers Investment ServicesBrokerage Account - General Fund4001\$3,665,194.913.3. Frandsen BankChecking - General Fund6084\$225,770.73**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,987,024.89**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Catholic Mutual - self-insurance retention fund deposit\$10,000.00

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Name

7.2. Visual Communications - vendor deposit for donor recognition wall \$6,140.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$16,140.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 29,733.96 - 0.00 = \$29,733.96
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 128,626.07 - 69,600.00 = \$59,026.07
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$88,760.03

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture General office furniture & Bishop's residence furniture	\$78,155.53	Liquidation	\$10,000.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Computer Equipment	\$10,905.12	Liquidation	\$1,500.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles 42.1. Miscellaneous paintings and decorations in pastoral center	\$0.00	Liquidation	\$1,000.00
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$12,500.00
44. Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 1997 Ford F150 - Vin #1FTDF18WXVLA28991	\$621.88	Kelley Blue Book	\$933.00
47.2. 2002 Ford Windstar - Vin #2FMZA524X2BA98131	\$621.88	Kelley Blue Book	\$611.00
47.3. Leased 2017 Grand Cherokee Limited - Vin # 1C4RJFBG1HC646272	\$0.00		Unknown
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			

Debtor The Diocese of New Ulm Case number (If known) 17-30601
Name

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$1,544.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. See Attachment A/B, Part 9 - #55

Fee simple

\$6,595,029.00

Tax records

\$6,556,175.00

55.2. See Schedule G for real property leases

\$0.00

\$0.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$6,556,175.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☐ No

☒ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

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	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
	DNU.org	\$0.00	N/A	Unknown
	hopehealingandpeace-dnu.org	\$0.00		Unknown
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
	Mailing list of parishoners and donors	\$0.00	N/A	Unknown

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

				Current value of debtor's interest
71.	Notes receivable			
	Description (include name of obligor)			
	Dangers Bequest Receivable	18,215.46 Total face amount	- 13,661.60 doubtful or uncollectible amount	= \$4,553.86
	Parish CUP Fees	43,660.04 Total face amount	- 0.00 doubtful or uncollectible amount	= \$43,660.04
	Aldean Hendrickson Loan	30,170.00 Total face amount	- 15,085.00 doubtful or uncollectible amount	= \$15,085.00

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72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*
Various Trust Accounts (See Attachment A/B, Part 11: #77 and SOFA, Part 11: #21 - \$9,658,829.75) \$0.00

Reimbursements due to the Diocese from certain trust funds for advances made by the Diocese \$97,477.14

78. **Total of Part 11.** \$160,776.04
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor The Diocese of New Ulm Case number (If known) 17-30601
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$3,987,024.89	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$16,140.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$88,760.03	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$12,500.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$1,544.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$6,556,175.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$160,776.04	
91. Total. Add lines 80 through 90 for each column	\$4,266,744.96	+ 91b. \$6,556,175.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$10,822,919.96

Attachment A/B, Part 11: #77 and SOFA, Part 11: #21					
Financial Information	Account Type	Account Title	Account Description	Account Number	Balances
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	Catholic Endowment Fund	Charitable trust holding income from the Catholic Endowment used to support the existing ministries and programs of the Diocese	x1418	\$3,488.89
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Account	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7055	\$204,948.82
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Merchant Account	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7010	\$11,106.61
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Parishes	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7052	\$5.00
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Schools	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7025	\$13,142.36
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Religious Education	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7037	\$21,987.15
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Youth Ministry	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7019	\$33,719.52
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Social Concerns	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7049	\$5.00
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Family Life	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7040	\$21,857.50
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Hispanic Ministry	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7046	\$41,883.90
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Catholic Charities	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7013	\$62,746.25
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	DMA Permanent Diaconate	Donation-funded charitable trust for the exclusive purpose of funding eight specific ministries as part of the yearly appeal	x7043	\$15,286.78
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	Group Insurance	Trust fund for the exclusive purpose of holding funds for medical, vision, and dental premiums and claims for priests and lay employees of the Diocese	x9536	\$184,774.78
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	Merchant Account	Account used for the deposit of charitable donations before they are transferred to the appropriate charitable trust	x7010	\$1,182.35
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	National Collections Checking Account	Trust fund for donations to the National Collections fund that the Diocese submits to the United States Conference of Catholic Bishops	x8831	\$118,093.01
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	Self-Insurance Fund	Trust fund for the exclusive purpose of paying for self-insurance premiums and claims for insurance program for the Diocese and parishes and related self-	x2185	\$674,000.93
Frandsen Bank - New Ulm 100 N Minnesota St. PO Box 189 New Ulm, MN 56073	Trust Account	Way of the Cross	Donation-funded charitable trust with the exclusive purpose of restoring and maintaining the Way of the Cross Shrine	x4197	\$2,750.80
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60606	Trust Account	Archbishop John C. Nienstedt Catholic Schools Scholarship Fund	Charitable trust holding the income generated by the Archbishop John C. Nienstedt Catholic Schools Scholarship Endowment Fund used to provide scholarships to Catholic school students	x103A	\$6,716.23
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60607	Trust Account	Catholic Endowment Fund	Donation-funded charitable trust endowment for the exclusive purpose of generating income for the support of the existing ministries and programs of the Diocese	x0001	\$3,298,753.34
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60608	Trust Account	Bishop LeVoor Catholic School Scholarship Fund	Charitable trust holding the income generated by the Bishop LeVoor Catholic School Endowment Fund used to provide financial support for the operation of Catholic schools	x112A	\$1,052.48

Attachment A/B, Part 11: #77 and SOFA, Part 11: #21					
Financial Information	Account Type	Account Title	Account Description	Account Number	Balances
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60609	Trust Account	Chapel Fund	Donation-funded charitable trust for the exclusive purpose of decorating and furnishing the chapel in the pastoral center	x4017	\$31,394.97
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60610	Trust Account	Diaconate Fund	Donation-funded charitable trust for the exclusive purpose of funding a permanent diaconite program	x0003	\$23,929.74
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60611	Trust Account	Divine Mercy Shrine Fund	Donation-funded charitable trust for the exclusive purpose of erecting and maintaining a two-sided billboard sign displaying the Divine Mercy image of Jesus Christ	x4007	\$305.74
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60612	Trust Account	Development Grant Fund	Charitable trust for the exclusive purpose of funding the development director position	x4010	\$0.00
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60613	Trust Account	Education of Priests Endowment Fund (Seminarian Burse Fund)	Donation-funded charitable trust endowment for the exclusive purpose of generating income to fund the education of priests	x0001	\$3,753,806.71
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60614	Trust Account	Education of Priests Fund (Seminary Aid Fund)	Charitable trust holding the income generated by the Education of Priests Endowment Fund used to provide funds to train priests and seminarians	x4002	\$192,916.20
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60615	Trust Account	Father Alexander Berghold Memorial Fund	Donation-funded charitable trust for the exclusive purpose of maintaining the Father Berghold memorial shrine	x4009	\$34,928.51
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60616	Trust Account	HM Coordinator Grant Fund	Charitable trust for the exclusive purpose of funding the Hispanic Youth Minister position	x4015	\$14,508.87
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60617	Trust Account	Lay Ministry Scholarship Endowment Fund	Donation-funded charitable trust endowment for the exclusive purpose of generating income for the education and training for ministries for lay people	x0001	\$220,151.93
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60618	Trust Account	Lay Ministry Fund	Charitable trust holding the income generated by the Lay Ministry Scholarship Endowment Fund used for the formation/training of personnel in the	x4004	\$56,524.43
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60619	Trust Account	Bishop Lucker Lecture Endowment Fund	Donation-funded charitable trust endowment for the exclusive purpose of generating income to provide funds for lecture programs	x0001	\$196,309.98
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60620	Trust Account	Lecture Fund	Charitable trust holding the income generated by the Bishop Lucker Lecture Endowment Fund used for providing lecture programs	x4005	\$53,328.13
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60621	Trust Account	Missionary Coop Fund	Donation-funded charitable trust for the exclusive purpose to fund missions	x4016	\$152,274.78
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60622	Trust Account	Mohr Scholarship Fund	Donation-funded charitable trust for the exclusive purpose of providing financial support for the formation of catechists	x4012	\$1,521.73
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60623	Trust Account	Natural Family Plan Fund	Donation-funded charitable trust for the exclusive purpose of funding programs and education concerning natural family planning	x4014	\$1,353.18
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60624	Trust Account	Priests Care Fund	Charitable trust for the exclusive purpose of providing funds for priests in need	x4006	\$20,836.45
Christian Brothers Investment Services 20 N. Wacker Dr., STE 2000 Chicago, IL 60625	Trust Account	Way Of Cross Fund	Donation-funded charitable trust with the exclusive purpose of restoring and maintaining the Way of the Cross Shrine	x4008	\$187,236.70
Trust Account Total					\$9,658,829.75

Diocese of New Ulm
Part 9. Real Property Detail

Location	Net Book Value	2016 Tax Assessed Value
Former Pastoral Center New Ulm, MN PID# 001.555.001.12.120	\$187,995	\$280,200
Pastoral Center Front Lots New Ulm, MN PID# 001.555.001.10.100	\$49,011	\$35,700
New Pastoral Center 1421 6th St N, New Ulm, MN PID# 001.555.001.13.130	\$5,690,284	\$3,755,400
Way of the Cross New Ulm, MN PID# 001.555.001.11.110	\$47,012	\$95,200
Schneider Farm 1400 6th St N, New Ulm, MN PID# 001.570.186.00.503 PID# 001.005.000.00.035 PID# 001.005.000.00.042	\$65,419	\$377,600
Hillesheim Memorial Farm Sleepy Eye, MN PID# 150.030.003.14.070 PID# 002.001.150.30.020	\$90,000	\$1,451,900
Bishop's Residence New Ulm, MN PID# 001.555.001.03.030	\$269,121	\$280,500
Oak Bluffs 6th Edition New Ulm, MN PID# 001.553.001.05.050 PID# 001.553.001.16.160 PID# 001.553.002.03.030 PID# 001.553.002.06.060 PID# 001.553.002.07.070 PID# 001.553.002.08.080	\$196,187	\$279,675
Total Real Property	\$6,595,029	\$6,556,175

Fill in this information to identify the case:

Debtor name The Diocese of New Ulm

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 17-30601

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name The Diocese of New Ulm

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 17-30601

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice Only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>City of New Ulm 100 North Broadway New Ulm, MN 56073</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice Only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00

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2.3	Priority creditor's name and mailing address IRS District Counsel 380 Jackson St Ste 650 Saint Paul, MN 55101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred _____		Basis for the claim: Notice Only		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address MN Department of Revenue Collection Enforcement Mail Station 5130 St. Paul, MN 55164	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred _____		Basis for the claim: Notice Only		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address A.H. Hermel Company Attn Officer, General or Agent PO Box 447 Mankato, MN 56002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.2	Nonpriority creditor's name and mailing address Affiliated Community Med. Ctr. Attn Officer, General or Agent 101 Willmar Ave PO Box 1318 Willmar, MN 56201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.3	Nonpriority creditor's name and mailing address Affiliated Medical Centers Attn Officer, General or Agent PO Box 1318 Willmar, MN 56201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.4	Nonpriority creditor's name and mailing address Alex Street 1079 E Victory Road Boise, ID 83706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.5	Nonpriority creditor's name and mailing address Ali Muhamed Yusep 515 Lakeland Drive Se #202 Willmar, MN 56201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address American Catholic Press Attn Officer, General or Agent 16565 S State Street South Holland, IL 60473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address American Fed Pueri Cantores 1188 N Tustin St Orange, CA 92867 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.8	Nonpriority creditor's name and mailing address Anita Prestidge 310 N Washington Street New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address Ann M Garrido 155 Ocean Lane Apt #802 Key Biscayne, FL 33149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address Annette M Hrywna 3599 Academy Drive Windsor Ontario N9E 2H8 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.11	Nonpriority creditor's name and mailing address Apostolic Nunciature 3339 Massachusetts Ave NW Washington, DC 20008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.12	Nonpriority creditor's name and mailing address Archdiocese of St. Paul & Mpls Attn Officer, General or Agent 226 Summit Avenue Saint Paul, MN 55102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.13	Nonpriority creditor's name and mailing address At Conference Attn Officer, General or Agent PO Box 392490 Pittsburgh, PA 15251 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.14	Nonpriority creditor's name and mailing address Athmann Inn Attn Officer, General or Agent PO Box 486 Bird Island, MN 55310 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address Ava Maria Press PO Box 428 Notre Dame, IN 46556 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.16	Nonpriority creditor's name and mailing address Azteca Mexican Restaurant 215 4th Street SW Willmar, MN 56201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	Nonpriority creditor's name and mailing address Berens, O'Connor, et al PO Box 428 New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.18	Nonpriority creditor's name and mailing address Best Western Plus Attn Officer, General or Agent 2100 E Hwy 12 Willmar, MN 56201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	Nonpriority creditor's name and mailing address Blackbaud Attn Officer, General or Agent PO Box 930256 Atlanta, GA 31193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.20	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of MN Attn Officer, General or Agent PO Box 64676 Saint Paul, MN 55164 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.21	Nonpriority creditor's name and mailing address Breth-Zenzen Fire Protection 8053 Sterling Drive Ste 101 Saint Joseph, MN 56374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.22	Nonpriority creditor's name and mailing address Broom Tree Youth & Family Camp 123 St Raphael Circle Irene, SD 57037 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	Nonpriority creditor's name and mailing address Campus Religious Center Attn Officer, General or Agent 1418 State Street Marshall, MN 56258 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24	Nonpriority creditor's name and mailing address Candyman Inc C/O Daniel Drexler 1112 S Valley Street New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.25	Nonpriority creditor's name and mailing address Canon Law Society Of America Office/ Executive Coordinator 415 Michigan Ave NE Suite 101 Washington, DC 20017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.26	Nonpriority creditor's name and mailing address Card Services Coborns Attn Officer, General or Agent PO Box 7021 Brentwood, TN 37024 Date(s) debt was incurred _____ Last 4 digits of account number <u>B908</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.39
3.27	Nonpriority creditor's name and mailing address Cardmember Service Attn Officer, General or Agent PO Box 790408 Saint Louis, MO 63179 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,829.33
3.28	Nonpriority creditor's name and mailing address Cathedral High School 600 N Washington St New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.29	Nonpriority creditor's name and mailing address Cathedral of the Holy Trinity 605 N State St New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.30	Nonpriority creditor's name and mailing address Catholic Answers 2020 Gillespie Way El Cajon, CA 92020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Catholic Benefits Association C/O Strategic Risk Solutions 18835 N Thompson Peak Pkwy#210 Scottsdale, AZ 85255 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.32	Nonpriority creditor's name and mailing address Catholic Charities USA Suite 400 2050 Ballenger Avenue Alexandria, VA 22314 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.33	Nonpriority creditor's name and mailing address Catholic Family Services 523 N Duluth Ave Sioux Falls, SD 57104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.34	Nonpriority creditor's name and mailing address Catholic Mutual Group Po Box 30104 Omaha, NE 68103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.35	Nonpriority creditor's name and mailing address Catholic Press Association Suite 470 205 West Monroe Street Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.36	Nonpriority creditor's name and mailing address Catholic Relief Services Crs Donor Services Po Box 17090 Baltimore, MD 21203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.37	Nonpriority creditor's name and mailing address Catholic Umbrella Pool C/O Catholic Mutual Relief Soc 10843 Old Mill Road Omaha, NE 68154 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.38	Nonpriority creditor's name and mailing address CB 403(B) Plan Po Box 0877 Bedford Park, IL 60499 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.39	Nonpriority creditor's name and mailing address CCLI 17205 Se Mill Plain Blvd Ste 150 Vancouver, WA 98683 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.40	Nonpriority creditor's name and mailing address Center For Applied Research In The Apostolate 2300 Wisconsin Ave NW Ste 400 Washington, DC 20007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.41	Nonpriority creditor's name and mailing address Centro Maria 650 Jackson St Ne Washington, DC 20017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.42	Nonpriority creditor's name and mailing address Chad Kraus 619 S Front Street New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.43	Nonpriority creditor's name and mailing address Charter Audit Po Box 96990 Washington, DC 20090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.44	Nonpriority creditor's name and mailing address Chelsey Jensen 308 Burnside Street Se Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.45	Nonpriority creditor's name and mailing address Christauria Welland Psy D 14356 Marianopolis Way San Diego, CA 92129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.46	Nonpriority creditor's name and mailing address Christian Bros Emp Ret Plan Po Box 75733 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address Christina Stodola 413 S Valley Street New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.48	Nonpriority creditor's name and mailing address Christina Wangen 747 8th St Granite Falls, MN 56241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.49	Nonpriority creditor's name and mailing address Church Art Online PO Box 6360 Beaufort, SC 29903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.50	Nonpriority creditor's name and mailing address Church of Clara 512 Black Oak Ave Montevideo, MN 56265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.51	Nonpriority creditor's name and mailing address Church of Mathias PO Box 239 Wabasso, MN 56293 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.52	Nonpriority creditor's name and mailing address Church of Our Lady 57482 CSAH 3 Grove City, MN 56243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.53 Nonpriority creditor's name and mailing address

Church of Our Lady of Victory
PO Box 96
Lamberton, MN 56255

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unknown

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.54 Nonpriority creditor's name and mailing address

Church of SS Peter and Paul
PO Box 310
Tyler, MN 56178

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Potential Indemnity Claim

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.55 Nonpriority creditor's name and mailing address

Church of St Aloysius
302 S 10th St
Olivia, MN 56277

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Potential Indemnity Claim

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.56 Nonpriority creditor's name and mailing address

Church of St Anastasia
460 Lake St SW
Hutchinson, MN 55350

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unknown

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.57 Nonpriority creditor's name and mailing address

Church of St Andrew
PO Box C
Fairfax, MN 55332

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unknown

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.58 Nonpriority creditor's name and mailing address

Church of St Andrew
512 Black Oak Ave
Montevideo, MN 56265

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unknown

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.59 Nonpriority creditor's name and mailing address

Church of St Anne
PO Box 239
Wabasso, MN 56293

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unknown

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

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3.60	Nonpriority creditor's name and mailing address Church of St Anthony PO Box 409 Watkins, MN 55389 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.61	Nonpriority creditor's name and mailing address Church of St Boniface PO Box 202 Stewart, MN 55385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.62	Nonpriority creditor's name and mailing address Church of St Brendan PO Box 85 Green Isle, MN 55338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.63	Nonpriority creditor's name and mailing address Church of St Bridget 508 13th St N Benson, MN 56215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.64	Nonpriority creditor's name and mailing address Church of St Dionysius PO Box 310 Tyler, MN 56178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.65	Nonpriority creditor's name and mailing address Church of St Edward 409 N Adams St Minneota, MN 56264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.66	Nonpriority creditor's name and mailing address Church of St Eloi 409 N Adams St Minneota, MN 56264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.67	Nonpriority creditor's name and mailing address Church of St Francis De Sales PO Box 447 Winthrop, MN 55396 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.68	Nonpriority creditor's name and mailing address Church of St Genevieve PO Box 310 Tyler, MN 56178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.69	Nonpriority creditor's name and mailing address Church of St James 512 Black Oak Ave Montevideo, MN 56265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.70	Nonpriority creditor's name and mailing address Church of St John 349 E Reuss Ave Appleton, MN 56215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.71	Nonpriority creditor's name and mailing address Church of St John PO Box 88 Morton, MN 56270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.72	Nonpriority creditor's name and mailing address Church of St John (Faxon) PO Box 427 Henderson, MN 56044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.73	Nonpriority creditor's name and mailing address Church of St Joseph PO Box 427 Henderson, MN 56044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.74	Nonpriority creditor's name and mailing address Church of St Joseph PO Box 458 Lamberton, MN 56152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.75	Nonpriority creditor's name and mailing address Church of St Joseph (Rosen) 421 Madison Avenue Ortonville, MN 56278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.76	Nonpriority creditor's name and mailing address Church of St Leo 307 4th St W Canby, MN 56220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.77	Nonpriority creditor's name and mailing address Church Of St Louis 23189 State Hwy 4 Paynesville, MN 56362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.78	Nonpriority creditor's name and mailing address Church of St Malachy 508 13th St N Benson, MN 56215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.79	Nonpriority creditor's name and mailing address Church of St Mary 713 12th SW Willmar, MN 56201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.80	Nonpriority creditor's name and mailing address Church of St Mary PO Box 392 Arlington, MN 55307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.81	Nonpriority creditor's name and mailing address Church of St Mary PO Box 299 Beardsley, MN 56211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.82	Nonpriority creditor's name and mailing address Church of St Mary PO Box 500 Bird Island, MN 55310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.83	Nonpriority creditor's name and mailing address Church of St Mary PO Box 228 Cottonwood, MN 56229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.84	Nonpriority creditor's name and mailing address Church of St Mary PO Box 239 Wabasso, MN 56293 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.85	Nonpriority creditor's name and mailing address Church of St Mary 636 1st Ave N Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.86	Nonpriority creditor's name and mailing address Church of St Mary 249 6th St Tracy, MN 56175 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.87	Nonpriority creditor's name and mailing address Church of St Michael 104 Saint Mary's St NW Milroy, MN 56263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.88	Nonpriority creditor's name and mailing address Church of St Michael 104 Saint Mary's St NW Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.89	Nonpriority creditor's name and mailing address Church of St Patrick 713 12th Street SW Willmar, MN 56201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.90	Nonpriority creditor's name and mailing address Church of St Paul PO Box 248 Nicollet, MN 56271 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.91	Nonpriority creditor's name and mailing address Church of St Peter 1801 W Broadway Ave St Peter, MN 56082 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.92	Nonpriority creditor's name and mailing address Church of St Philip 821 E 5th St Litchfield, MN 55355 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.93	Nonpriority creditor's name and mailing address Church of St Thomas Moore 713 12th Street SW Willmar, MN 56201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.94	Nonpriority creditor's name and mailing address Church of St Willibrord PO Box 436 Gibbon, MN 55335 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.95	Nonpriority creditor's name and mailing address Church of St. Andrew 1094 Granit Street Granite Falls, MN 56241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.96	Nonpriority creditor's name and mailing address Church of St. Catherine 900 E Flynn St PO Box 383 Attn Officer, General or Agent Redwood Falls, MN 56283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.97	Nonpriority creditor's name and mailing address Church of St. Catherine PO Box 383 Redwood Falls, MN 56283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.98	Nonpriority creditor's name and mailing address Church of St. Edward 409 N. Adams St RR 1 Box 431 Attn Officer, General or Agent Minneota, MN 56264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.99	Nonpriority creditor's name and mailing address Church of St. Francis 508 13th St N Benson, MN 56215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.100	Nonpriority creditor's name and mailing address Church of St. John 106 N 4th St Darwin, MN 55324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.101	Nonpriority creditor's name and mailing address Church of St. John PO Box 295 Hector, MN 55342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.102	Nonpriority creditor's name and mailing address Church of St. John 421 Madison Ave Ortonville, MN 56278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.103	Nonpriority creditor's name and mailing address Church of St. Joseph 512 Black Oak Ave Montevideo, MN 56265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.104	Nonpriority creditor's name and mailing address Church of St. Mary 255 W 4th Street PO Box 228 Attn Officer, General or Agent Minneota, MN 56264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105	Nonpriority creditor's name and mailing address Church of St. Mary 636 1st North Attn Officer, General or Agent Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.106	Nonpriority creditor's name and mailing address Church of St. Mary 417 S Minnesota St New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.107	Nonpriority creditor's name and mailing address Church of St. Mary 417 S Minnesota Street New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.108	Nonpriority creditor's name and mailing address Church of St. Michael PO Box 357 Gaylord, MN 55334 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	The Diocese of New Ulm <small>Name</small>	Case number (if known)	17-30601
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3.109	Nonpriority creditor's name and mailing address Church of St. Michael 412 W 3rd St Madison, MN 56256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.110	Nonpriority creditor's name and mailing address Church of St. Paul PO Box 277 Comfrey, MN 56019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.111	Nonpriority creditor's name and mailing address Church of St. Paul PO Box 236 Walnut Grove, MN 56180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.112	Nonpriority creditor's name and mailing address Church of St. Peter 307 4th St W Canby, MN 56220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.113	Nonpriority creditor's name and mailing address Church of St. Pius 1014 Knight Avenue N Glencoe, MN 55336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.114	Nonpriority creditor's name and mailing address Church of St. Raphael Attn Officer, General or Agent 112 W Vandusen Springfield, MN 56087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address Church of St. Raphael 112 W Van Dusen St Springfield, MN 56087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	The Diocese of New Ulm <small>Name</small>	Case number (if known)	17-30601
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3.116	Nonpriority creditor's name and mailing address Church of St. Thomas Moore 781 2nd Street NE Lake Lillian, MN 56253 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.117	Nonpriority creditor's name and mailing address Church of the Holy Family 1014 Knight Avenue N Glencoe, MN 55336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.118	Nonpriority creditor's name and mailing address Church of the Holy Redeemer 503 W Lyon St Marshall, MN 56255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.119	Nonpriority creditor's name and mailing address Church of the Holy Redeemer PO Box 401 Renville, MN 56284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.120	Nonpriority creditor's name and mailing address Church of the Holy Rosary PO Box 7 Graceville, MN 56240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.121	Nonpriority creditor's name and mailing address Church of the Holy Rosary 525 Grant Ave North Mankato, MN 56003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.122	Nonpriority creditor's name and mailing address Church of the Holy Trinity PO Box 9 Winsted, MN 55395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	The Diocese of New Ulm <small>Name</small>	Case number (if known)	17-30601
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3.123 Nonpriority creditor's name and mailing address

Church of the Sacred Heart
PO Box 175
Franklin, MN 55333

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Potential Indemnity Claim

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.124 Nonpriority creditor's name and mailing address

Church of the Sacred Heart
PO Box 96
Murdock, MN 56271

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unknown

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.125 Nonpriority creditor's name and mailing address

Claimant 010
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.126 Nonpriority creditor's name and mailing address

Claimant 010
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.127 Nonpriority creditor's name and mailing address

Claimant 030
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.128 Nonpriority creditor's name and mailing address

Claimant 037
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.129 Nonpriority creditor's name and mailing address

Claimant 038
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

Debtor	The Diocese of New Ulm Name	Case number (if known)	17-30601
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3.130 Nonpriority creditor's name and mailing address

Claimant 057
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.131 Nonpriority creditor's name and mailing address

Claimant 059
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.132 Nonpriority creditor's name and mailing address

Claimant 060
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.133 Nonpriority creditor's name and mailing address

Claimant 061
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.134 Nonpriority creditor's name and mailing address

Claimant 062
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.135 Nonpriority creditor's name and mailing address

Claimant 063
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.136 Nonpriority creditor's name and mailing address

Claimant 072
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

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Name

3.137	Nonpriority creditor's name and mailing address Claimant 073 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.138	Nonpriority creditor's name and mailing address Claimant 074 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.139	Nonpriority creditor's name and mailing address Claimant 077 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.140	Nonpriority creditor's name and mailing address Claimant 078 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.141	Nonpriority creditor's name and mailing address Claimant 079 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.142	Nonpriority creditor's name and mailing address Claimant 080 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.143	Nonpriority creditor's name and mailing address Claimant 081 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	The Diocese of New Ulm <small>Name</small>	Case number (if known)	17-30601
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3.144	Nonpriority creditor's name and mailing address Claimant 082 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	Nonpriority creditor's name and mailing address Claimant 083 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	Nonpriority creditor's name and mailing address Claimant 107 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address Claimant 109 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address Claimant 111 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address Claimant 116 c/o Leander James James Veron & Weeks, P.A. 1626 Lincoln Way Coeur D Alene, ID 83814 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address Claimant 117 c/o Leander James James Veron & Weeks, P.A. 1626 Lincoln Way Coeur D Alene, ID 83814 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	The Diocese of New Ulm Name	Case number (if known)	17-30601
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3.151 Nonpriority creditor's name and mailing address

Claimant 122
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

3.152 Nonpriority creditor's name and mailing address

Claimant 122
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

3.153 Nonpriority creditor's name and mailing address

Claimant 124
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

3.154 Nonpriority creditor's name and mailing address

Claimant 125
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

3.155 Nonpriority creditor's name and mailing address

Claimant 125
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

3.156 Nonpriority creditor's name and mailing address

Claimant 126
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

3.157 Nonpriority creditor's name and mailing address

Claimant 127
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

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3.158 Nonpriority creditor's name and mailing address

Claimant 128
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.159 Nonpriority creditor's name and mailing address

Claimant 128
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.160 Nonpriority creditor's name and mailing address

Claimant 129
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.161 Nonpriority creditor's name and mailing address

Claimant 130
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.162 Nonpriority creditor's name and mailing address

Claimant 131
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.163 Nonpriority creditor's name and mailing address

Claimant 132
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.164 Nonpriority creditor's name and mailing address

Claimant 133
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

Debtor	The Diocese of New Ulm <small>Name</small>	Case number (if known)	17-30601
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3.165 Nonpriority creditor's name and mailing address

Claimant 134
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.166 Nonpriority creditor's name and mailing address

Claimant 135
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.167 Nonpriority creditor's name and mailing address

Claimant 135
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.168 Nonpriority creditor's name and mailing address

Claimant 137
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.169 Nonpriority creditor's name and mailing address

Claimant 138
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.170 Nonpriority creditor's name and mailing address

Claimant 141
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.171 Nonpriority creditor's name and mailing address

Claimant 143
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

Debtor The Diocese of New Ulm Case number (if known) 17-30601
Name

3.172	Nonpriority creditor's name and mailing address Claimant 146 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.173	Nonpriority creditor's name and mailing address Claimant 147 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.174	Nonpriority creditor's name and mailing address Claimant 155 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.175	Nonpriority creditor's name and mailing address Claimant 157 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.176	Nonpriority creditor's name and mailing address Claimant 158 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.177	Nonpriority creditor's name and mailing address Claimant 172 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.178	Nonpriority creditor's name and mailing address Claimant 294 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	The Diocese of New Ulm Name	Case number (if known)	17-30601
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3.179	Nonpriority creditor's name and mailing address Claimant 295 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.180	Nonpriority creditor's name and mailing address Claimant 296 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.181	Nonpriority creditor's name and mailing address Claimant 300 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.182	Nonpriority creditor's name and mailing address Claimant 301 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.183	Nonpriority creditor's name and mailing address Claimant 315 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.184	Nonpriority creditor's name and mailing address Claimant 316 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.185	Nonpriority creditor's name and mailing address Claimant 317 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	The Diocese of New Ulm <small>Name</small>	Case number (if known)	17-30601
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3.186 Nonpriority creditor's name and mailing address

Claimant 318
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.187 Nonpriority creditor's name and mailing address

Claimant 377
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.188 Nonpriority creditor's name and mailing address

Claimant 378
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.189 Nonpriority creditor's name and mailing address

Claimant 423
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.190 Nonpriority creditor's name and mailing address

Claimant 424
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.191 Nonpriority creditor's name and mailing address

Claimant 425
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.192 Nonpriority creditor's name and mailing address

Claimant 456
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

Debtor	The Diocese of New Ulm Name		Case number (if known) 17-30601
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3.193 Nonpriority creditor's name and mailing address

Claimant 466
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.194 Nonpriority creditor's name and mailing address

Claimant 476
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.195 Nonpriority creditor's name and mailing address

Claimant 501
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.196 Nonpriority creditor's name and mailing address

Claimant 502
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.197 Nonpriority creditor's name and mailing address

Claimant 503
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.198 Nonpriority creditor's name and mailing address

Claimant 504
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.199 Nonpriority creditor's name and mailing address

Claimant 511
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Debtor	The Diocese of New Ulm Name		Case number (if known) 17-30601
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3.200 Nonpriority creditor's name and mailing address

Claimant 512
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.201 Nonpriority creditor's name and mailing address

Claimant 513
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.202 Nonpriority creditor's name and mailing address

Claimant 514
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.203 Nonpriority creditor's name and mailing address

Claimant 541
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.204 Nonpriority creditor's name and mailing address

Claimant 546
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.205 Nonpriority creditor's name and mailing address

Claimant 559
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

3.206 Nonpriority creditor's name and mailing address

Claimant 563
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Debtor	The Diocese of New Ulm <small>Name</small>	Case number (if known)	17-30601
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3.207

Nonpriority creditor's name and mailing address

Claimant 571
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Unknown

3.208

Nonpriority creditor's name and mailing address

Claimant 572
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Unknown

3.209

Nonpriority creditor's name and mailing address

Claimant 573
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Unknown

3.210

Nonpriority creditor's name and mailing address

Claimant 574
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Unknown

3.211

Nonpriority creditor's name and mailing address

Claimant 576
c/o Jeff Anderson and Assoc.
366 Jackson Street, Suite 100
Saint Paul, MN 55101

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Unknown

3.212

Nonpriority creditor's name and mailing address

Claimant A-019
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Unknown

3.213

Nonpriority creditor's name and mailing address

Claimant A-064
c/o Patrick Noaker Law Firm
333 Washington Ave N, Ste 329
Minneapolis, MN 55401

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Potential Tort Claimant, represented by counsel.

Is the claim subject to offset? ☐ No ☐ Yes

Unknown

Debtor The Diocese of New Ulm Case number (if known) 17-30601
Name

3.214	Nonpriority creditor's name and mailing address Claimant A-125 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.215	Nonpriority creditor's name and mailing address Claimant A-128 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.216	Nonpriority creditor's name and mailing address Claimant A-140 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.217	Nonpriority creditor's name and mailing address Claimant A-212 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.218	Nonpriority creditor's name and mailing address Claimant A-336 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.219	Nonpriority creditor's name and mailing address Claimant A-367 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.220	Nonpriority creditor's name and mailing address Claimant A-373 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.221	Nonpriority creditor's name and mailing address Claimant A-398 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.222	Nonpriority creditor's name and mailing address Claimant A-400 c/o Jeff Anderson and Assoc. 366 Jackson Street, Suite 100 Saint Paul, MN 55101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.223	Nonpriority creditor's name and mailing address Claimant A-429 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.224	Nonpriority creditor's name and mailing address Claimant A-435 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.225	Nonpriority creditor's name and mailing address Claimant A-441 c/o Patrick Noaker Law Firm 333 Washington Ave N, Ste 329 Minneapolis, MN 55401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Tort Claimant, represented by counsel.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.226	Nonpriority creditor's name and mailing address Claudia Broman 621 West Crescent Lane Hutchinson, MN 55350 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.227	Nonpriority creditor's name and mailing address Clifton Larson Allen LLP Attn Officer, General or Agent 109 N Main Street Austin, MN 55912 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.228	Nonpriority creditor's name and mailing address Clover Design LLC 901 Summit Ave New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.229	Nonpriority creditor's name and mailing address Colleen Wenner 472 W Union Street Saint Peter, MN 56082 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.230	Nonpriority creditor's name and mailing address Comcast PO Box 3001 Southeastern, PA 19398 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.231	Nonpriority creditor's name and mailing address Congregation For The Clergy 00210 Vatican City State Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.232	Nonpriority creditor's name and mailing address Connie Rossini 217 S Jefferson New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.233	Nonpriority creditor's name and mailing address Creative Communications 1 Montauk Ave Ste 2 New London, CT 06320 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.234	Nonpriority creditor's name and mailing address Crosier Fathers And Brothers Brother Timothy Tomczak Po Box 500 Onamia, MN 56359 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.235	Nonpriority creditor's name and mailing address Current Labels Dept 6110165 Po Box 90 Sugar City, ID 83448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.236	Nonpriority creditor's name and mailing address Dan Wambeke 3260 280th Ave Marshall, MN 56258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.237	Nonpriority creditor's name and mailing address Daniel Garland, Jr., P.H.D. 1314 Imboden Drive Front Royal, VA 22630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.238	Nonpriority creditor's name and mailing address David & Lori Broll 904 Hwy 15 S Suite G Hutchinson, MN 55350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239	Nonpriority creditor's name and mailing address DCCW Kris Anderson 26750 County Highway 13 Morgan, MN 56266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.240	Nonpriority creditor's name and mailing address Deacon Art D Abel PO Box 104 Graceville, MN 56240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.241	Nonpriority creditor's name and mailing address Deacon Jason A Myhre 716 Deer Trail Montgomery, MN 56069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.242	Nonpriority creditor's name and mailing address Deacon John A Hansen 73910 190th St Dassel, MN 55325 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.243	Nonpriority creditor's name and mailing address Deacon John Reed Apt 102 624 Knight Street St. Peter, MN 56082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.244	Nonpriority creditor's name and mailing address Deacon Kenneth E Stalboerger 20574 County Road 9 NW New London, MN 56273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.245	Nonpriority creditor's name and mailing address Deacon Mark Kober 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.246	Nonpriority creditor's name and mailing address Deacon Micahel J Thoennes 10875 Greer Cir SW Howard Lake, MN 55349 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.247	Nonpriority creditor's name and mailing address Deacon Michael J. McKeown 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.248	Nonpriority creditor's name and mailing address Deacon Paul W Treinen 248 Saratoga St Ortonville, MN 56278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.249	Nonpriority creditor's name and mailing address Deacon Richard J Christiansen 1221 Southridge Rd New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.250	Nonpriority creditor's name and mailing address Deacon Robert S Reitsma PO Box 335 Clara City, MN 56222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.251	Nonpriority creditor's name and mailing address Deacon Roger B Osborne 910 Oak Lake Winthrop, MN 55396 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.252	Nonpriority creditor's name and mailing address Deacon Roger Heidt 1421 Sixth Street N New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.253	Nonpriority creditor's name and mailing address Deacon Russell P Blaschko 638 Grayhawk Dr Mankato, MN 56001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.254	Nonpriority creditor's name and mailing address Deacon Steven P Spilman 305 Zimmerman Rd Courtland, MN 56021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.255	Nonpriority creditor's name and mailing address Deacon Timothy P. Dolan 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256	Nonpriority creditor's name and mailing address Deb & Russ Blaschko 637 Grayhawk Drive Mankato, MN 56001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.257	Nonpriority creditor's name and mailing address Debbie Zime 3325 County Road 104 Barnum, MN 55707 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.258	Nonpriority creditor's name and mailing address Deborah & Roger Schroeder 215 Rainbow Drive Marshall, MN 56258 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.259	Nonpriority creditor's name and mailing address Deborah Savage 522 N Mississippi River Blvd Saint Paul, MN 55104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.260	Nonpriority creditor's name and mailing address Debra Blaschko 637 Grayhawk Drive Mankato, MN 56001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.261	Nonpriority creditor's name and mailing address Dick & Sandy Tuszynski 1941 120th Ave Garvin, MN 56132 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.262	Nonpriority creditor's name and mailing address Diocesan Assessment Attn Officer, General or Agent PO Box 96992 Washington, DC 20090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.263	Nonpriority creditor's name and mailing address Diocesan Fiscal Management Con National Office 4727 E Bell Road, Ste 45-358 Phoenix, AZ 85032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.264	Nonpriority creditor's name and mailing address Diocese Of Bismarck Po Box 1575 Bismarck, ND 58502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.265	Nonpriority creditor's name and mailing address Diocese Of Rapid City 606 Cathedral Drive Po Box 678 Rapid City, SD 57701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.266	Nonpriority creditor's name and mailing address Diocese of St. Cloud 305 7th Ave N St. Cloud, MN 56303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.267	Nonpriority creditor's name and mailing address Discalced Carmelite Friars Brother Charles Gamen 1233 South 45th Street Milwaukee, WI 53214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.268	Nonpriority creditor's name and mailing address Don and Lori Clasemann 27118 CO Road 14 Browerville, MN 56438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.269	Nonpriority creditor's name and mailing address Donlar Construction Company 550 Shoreview Park Road Saint Paul, MN 55126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.270	Nonpriority creditor's name and mailing address Dorie Reiter 6240 Cty Road 120 Apt 320 Saint Cloud, MN 56303 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.271	Nonpriority creditor's name and mailing address Dr Matthew Tsakanikas 144 Pine Shores Drive Front Royal, VA 22630 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.272	Nonpriority creditor's name and mailing address Drs. Akre & Clark 1715 S Broadway PO Box 727 New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.273	Nonpriority creditor's name and mailing address Ebreviary Po Box 1407 New York, NY 10009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.274	Nonpriority creditor's name and mailing address Ecowater Systems Attn Officer, General or Agent 1204 South Broadway New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.275	Nonpriority creditor's name and mailing address Elizabeth Thoreson 316 Dekalb Street Redwood Falls, MN 56283 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276	Nonpriority creditor's name and mailing address Elvia Pena 1615 14th Street Glencoe, MN 55336 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.277	Nonpriority creditor's name and mailing address Emily Schumacher 17644 300th Ave Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.278	Nonpriority creditor's name and mailing address Father Aaron T Johanneck Cathedral of Holy Trinity 605 N State St New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.279	Nonpriority creditor's name and mailing address Father Aaron T Johanneck Cathedral of the Holy Trinity 605 N State St New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.280	Nonpriority creditor's name and mailing address Fed Ex PO Box 94515 Palatine, IL 60094 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.281	Nonpriority creditor's name and mailing address Felhaber Larson Fenlon & Vogt Attn Officer, General or Agent PO Box 860034 Minneapolis, MN 55486 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.282	Nonpriority creditor's name and mailing address First Choice Pregnancy Service 1223 S Broadway Street New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.283	Nonpriority creditor's name and mailing address FR Andy Beerman 901 South Prairie Avenue Fairmont, MN 56031 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.284	Nonpriority creditor's name and mailing address Friends Of San Lucas 4679 Cambridge Drive Saint Paul, MN 55122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.285	Nonpriority creditor's name and mailing address Greg Kraus Kraus Tree Service 615 S Front Street New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.286	Nonpriority creditor's name and mailing address Greg Troska 1403 Ranger Drive Road Glencoe, MN 55336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287	Nonpriority creditor's name and mailing address Groves Academy Attn: Ruth Anderson 3200 Highway 100 S St Louis Park, MN 55416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.288	Nonpriority creditor's name and mailing address Gutes Essen Deli & Catering 1314 8th Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.289	Nonpriority creditor's name and mailing address Handmaids Holy Trinity Convent 515 N State Street New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.290	Nonpriority creditor's name and mailing address Hawk Alarm Systems Inc. Attn Officer, General or Agent PO Box 336 Mapleton, MN 56065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.291	Nonpriority creditor's name and mailing address Heglund Catering Po Box 563 Willmar, MN 56201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.292	Nonpriority creditor's name and mailing address Heralds Of Good News Rev Fr M Jesu Raj Po Box 363 Corbin, KY 40702 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.293	Nonpriority creditor's name and mailing address Holiday Companies Attn Officer, General or Agent PO Box 860456 Minneapolis, MN 55486 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.26
3.294	Nonpriority creditor's name and mailing address Holy Cross Afc Attn Officer, General or Agent 605 N State Street New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295	Nonpriority creditor's name and mailing address Holy Redeemer School 501 S Whitney St Marshall, MN 56258 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.296	Nonpriority creditor's name and mailing address Holy Trinity Elementary School PO Box 38 Winsted, MN 55395 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.297	Nonpriority creditor's name and mailing address Holy Trinity High School PO Box 38 Winsted, MN 55395 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.298	Nonpriority creditor's name and mailing address Hope & Faith Floral Sleepy Eye 232 Main Street E Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.299	Nonpriority creditor's name and mailing address Hope & Faith Floral/Gifts 209 North Minnesota Street New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.300	Nonpriority creditor's name and mailing address Human Resource Technologies Attn Officer, General or Agent 850 Emerald Court Saint Paul, MN 55112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.301	Nonpriority creditor's name and mailing address Hy-Vee Attn Officer, General or Agent PO Box 250 New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.302	Nonpriority creditor's name and mailing address Hyvee Food Stores Attn Officer, General or Agent 900 East Main Street Marshall, MN 56258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.303	Nonpriority creditor's name and mailing address Ignatius Press Attn Officer, General or Agent PO Box 1339 Fort Collins, CO 80522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.304	Nonpriority creditor's name and mailing address Inst. for Priestly Formation Attn Officer, General or Agent 2500 California Plaza Omaha, NE 68178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.305	Nonpriority creditor's name and mailing address Inst. of The Incarnate Word Fr Gaston Giacinti 1404 Old Gate Lane Dallas, TX 75218 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.306	Nonpriority creditor's name and mailing address Irene Zupfer 1426 N Garden New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.307	Nonpriority creditor's name and mailing address James Young & Associates 101 Main Street South #206 Hutchinson, MN 55350 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.308	Nonpriority creditor's name and mailing address Japanese Martyrs 30881 Country Road 24 Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.309	Nonpriority creditor's name and mailing address Jeanine McMahon Po Box 596 Winsted, MN 55395 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.310	Nonpriority creditor's name and mailing address Jeffrey Staab 7219 Conway Place Ruther Glen, VA 22546 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.311	Nonpriority creditor's name and mailing address Jesus Our Living Water Attn Officer, General or Agent 713 712th Street SW Willmar, MN 56201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.312	Nonpriority creditor's name and mailing address Jim Horgan MA LP 109 South 5th Street Suite 400 Marshall, MN 56258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.313	Nonpriority creditor's name and mailing address JMV Therapy Parkdale Plaza Suite 330 1660 S Highway 100 Minneapolis, MN 55416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.314	Nonpriority creditor's name and mailing address Joe Naber 224 Bluebird Court Marshall, MN 56258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.315	Nonpriority creditor's name and mailing address John Hopkins University Press Journals Publishing Division Po Box 19966 Baltimore, MD 21211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.316	Nonpriority creditor's name and mailing address John Ireland School 1801 W Broadway Ave St Peter, MN 56082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.317	Nonpriority creditor's name and mailing address Joni's Catering Attn Officer, General or Agent 24 N Minnesota New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.318	Nonpriority creditor's name and mailing address Joseph Froehle 13986 Greystone Road Cold Spring, MN 56320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.319	Nonpriority creditor's name and mailing address Journal Attn Officer, General or Agent PO Box 487 New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.320	Nonpriority creditor's name and mailing address Karen Wambeke 201 Rainbow Drive Marshall, MN 56258 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.321	Nonpriority creditor's name and mailing address Katie Ballalatak 20788 451st Ave Arlington, MN 55307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.322	Nonpriority creditor's name and mailing address KDUZ AM Radio PO Box 366 Hutchinson, MN 55350 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.323	Nonpriority creditor's name and mailing address Kelly Streich 120 Elizabeth Drive Aberdeen, SD 57401-4000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.324	Nonpriority creditor's name and mailing address Kemske Paper Company Attn Officer, General or Agent PO Box 817 New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.325	Nonpriority creditor's name and mailing address Kevin Johnson 316 1st Ave NW Hutchinson, MN 55350 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.326	Nonpriority creditor's name and mailing address Kevin Rickert 1663 Gilmore Valley Road Winona, MN 55987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327	Nonpriority creditor's name and mailing address Klassen Mechanical PO Box 323 New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.91
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3.328	Nonpriority creditor's name and mailing address Knights Of Columbus Po Box 1492 New Haven, CT 06506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329	Nonpriority creditor's name and mailing address KNUJ Radio Station PO Box 368 New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.330	Nonpriority creditor's name and mailing address Kraus Lawn Care 615 South Front New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331	Nonpriority creditor's name and mailing address Kraus Tree Service Attn Officer, General or Agent 615 S Front Street New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332	Nonpriority creditor's name and mailing address Kraus Weed & Feed 20462 140th Avenue New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333	Nonpriority creditor's name and mailing address Krista Kay Photography 691 Lakeshore Drive Ortonville, MN 56278 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.334	Nonpriority creditor's name and mailing address Leaflet Missal 976 W Minnehaha Ave Saint Paul, MN 55104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.335	Nonpriority creditor's name and mailing address Linda Kaiser 305 North 7th Ave Saint Cloud, MN 56303 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.336	Nonpriority creditor's name and mailing address Lindenmyer Munroe 1930 Energy Park Drive Saint Paul, MN 55108 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.337	Nonpriority creditor's name and mailing address LinkedIn Corporation 62228 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.338	Nonpriority creditor's name and mailing address Liturgy Training Publications Attn Officer, General or Agent 3949 S Racine Ave Chicago, IL 60609 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.339	Nonpriority creditor's name and mailing address Lizz Strandburg St Mary's School 140 S 10th Street Bird Island, MN 55310 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.340	Nonpriority creditor's name and mailing address Lora Rahe 16723 KC Road New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.341	Nonpriority creditor's name and mailing address Loyola Catholic School 145 Good Counsel Dr Mankato, MN 56001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.342	Nonpriority creditor's name and mailing address Mantronics Mailing Systems Attn Officer, General or Agent PO Box 1880 Mankato, MN 56002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.343	Nonpriority creditor's name and mailing address Margaret Frey 3506 County Road Y West Bend, WI 53095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.344	Nonpriority creditor's name and mailing address Marians of The Immaculate Conception Eden Stockbridge, MA 01263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.345	Nonpriority creditor's name and mailing address Mary Mother Of God Mission Society 1736 Milestone Circle Modesto, CA 95357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.346	Nonpriority creditor's name and mailing address Master Graphics of MN Attn Officer, General or Agent 213 N Minnesota New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.347	Nonpriority creditor's name and mailing address Matthew Halbach 5123 NE Briarwood Drive Ankeny, IA 50021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.348	Nonpriority creditor's name and mailing address Max's Grill Attn Officer, General or Agent 2425 W Lincoln Avenue Olivia, MN 56277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.349	Nonpriority creditor's name and mailing address Medicare Blue RX Attn Officer, General or Agent PO Box 64002 Saint Paul, MN 55164 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.350	Nonpriority creditor's name and mailing address Mental Health Billing Attn Officer, General or Agent 2515 18th St SW Cedar Rapids, IA 52404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.351	Nonpriority creditor's name and mailing address Metro Sales, Inc. Attn Officer, General or Agent 1620 East 78th Street Minneapolis, MN 55423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.352	Nonpriority creditor's name and mailing address Mid America Business Systems 2500 Broadway St Ne Ste 100 Minneapolis, MN 55413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.353	Nonpriority creditor's name and mailing address Mid Minnesota Legal Aid 415 7th Street SW Po Box 10 Willmar, MN 56201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.354	Nonpriority creditor's name and mailing address Midwest Art Conservation Ctr 2400 3rd Ave South Minneapolis, MN 55404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.355	Nonpriority creditor's name and mailing address Midwest Canon Law Society 141 West Rayen Ave Youngstown, OH 44503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.356	Nonpriority creditor's name and mailing address Minnesota Catholic Conference Attn Officer, General or Agent 475 University Ave W Ste 100 Saint Paul, MN 55103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.357	Nonpriority creditor's name and mailing address Minnesota Ind School Forum 1200 Pioneer Bldg 336 N Robert St Saint Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358	Nonpriority creditor's name and mailing address MN Dept Of Labor & Industry Construction Codes/Lic Div Po Box 64219 Saint Paul, MN 55164 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.359	Nonpriority creditor's name and mailing address MN Voad Po Box 130261 Roseville, MN 55113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.360	Nonpriority creditor's name and mailing address MNSAA 205 Lexington Ave South New Prague, MN 56071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.361	Nonpriority creditor's name and mailing address Monica Hillesheim 15859 215th St New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.362	Nonpriority creditor's name and mailing address Mount Olivet Lutheran Church Attn Officer, General or Agent 5025 Knox Ave S Minneapolis, MN 55419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.363	Nonpriority creditor's name and mailing address Mpls Clinic Of Neurology 4225 Golden Valley Road Minneapolis, MN 55422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.364	Nonpriority creditor's name and mailing address Mr Evan A Huebl Saint Paul Seminary 2260 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.365	Nonpriority creditor's name and mailing address Mr John T Hayes Saint Paul Seminary 2260 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.366	Nonpriority creditor's name and mailing address Mr Joshua B Bot St John Vianney Seminary 2115 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.367	Nonpriority creditor's name and mailing address Mr Nathan T Hansen St John Vianney Seminary 2115 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.368	Nonpriority creditor's name and mailing address Mr Raymond W Eberhard St John Vianney Seminary 2115 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.369	Nonpriority creditor's name and mailing address Mr Samuel L Rosemeier St John Vianney Seminary 2115 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.370	Nonpriority creditor's name and mailing address Mr Shawn M Polman Saint Paul Seminary 2260 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.371	Nonpriority creditor's name and mailing address Mr Tanner D Thooft St John Vianney Seminary 2115 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.372	Nonpriority creditor's name and mailing address Mr Troy N Timmerman St John Vianney Seminary 2115 Summit Ave St. Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373	Nonpriority creditor's name and mailing address Mr. Aldean Hendrikson 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.374	Nonpriority creditor's name and mailing address Mr. Bryan Reising 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.375	Nonpriority creditor's name and mailing address Mr. Charles Botz 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.376	Nonpriority creditor's name and mailing address Mr. Dan Rossini 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.377	Nonpriority creditor's name and mailing address Mr. Kevin Losleben 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.378	Nonpriority creditor's name and mailing address Mr. Nathan Knutson 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.379	Nonpriority creditor's name and mailing address Mr. Ronald Frost 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380	Nonpriority creditor's name and mailing address Mr. Thomas Holzer 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.381	Nonpriority creditor's name and mailing address Mr. Thomas Keaveny 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.382	Nonpriority creditor's name and mailing address Mrs Cynthia K. Blickem 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.383	Nonpriority creditor's name and mailing address Mrs Janelle Boyum 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.384	Nonpriority creditor's name and mailing address Mrs. Carol Hacker 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.385	Nonpriority creditor's name and mailing address Mrs. Jennifer Ranweiler 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.386	Nonpriority creditor's name and mailing address Mrs. Jeovana Michals 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.387	Nonpriority creditor's name and mailing address Mrs. Karla Cross 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.388	Nonpriority creditor's name and mailing address Mrs. Linda Reising 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.389	Nonpriority creditor's name and mailing address Mrs. Paulette Kral 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.390	Nonpriority creditor's name and mailing address Mrs. Penny Frost 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.391	Nonpriority creditor's name and mailing address Mrs. Tami Dale 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.392	Nonpriority creditor's name and mailing address Mrs. Wanda Ubl 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.393	Nonpriority creditor's name and mailing address Ms. Anne Schwarz 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.394	Nonpriority creditor's name and mailing address Ms. Christine Clancy 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.395	Nonpriority creditor's name and mailing address Ms. Jane Beranek 1421 Sixth Street N New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.396	Nonpriority creditor's name and mailing address Ms. Marilyn Hesse 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.397	Nonpriority creditor's name and mailing address Ms. Sandra Rickertsen 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.398	Nonpriority creditor's name and mailing address Ms. Sherry Kalow 1421 Sixth Street North New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.399	Nonpriority creditor's name and mailing address Mutual Of Omaha S3 - Special Risk Po Box 31716 Omaha, NE 68131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.400	Nonpriority creditor's name and mailing address NCCL Suite 110 415 Michigan Ave Ne Washington, DC 20017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.401	Nonpriority creditor's name and mailing address NCCL Province Viii Catholic Education Ministries 305 7th Ave N Saint Cloud, MN 56303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.402	Nonpriority creditor's name and mailing address NCDVD 440 W Neck Road Huntington, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.403	Nonpriority creditor's name and mailing address NCEA Po Box 63258 Charlotte, NC 28263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.404	Nonpriority creditor's name and mailing address NCEA Po Box 63221 Charlotte, NC 28263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.405	Nonpriority creditor's name and mailing address NCEA Events Po Box 63392 Charlotte, NC 28263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.406	Nonpriority creditor's name and mailing address Neopost USA Inc. Attn Officer, General or Agent Dept 3689 PO Box 123689 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.407	Nonpriority creditor's name and mailing address Net Medix, Inc. Attn Officer, General or Agent PO Box 249 Lake Crystal, MN 56055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$282.00
3.408	Nonpriority creditor's name and mailing address Net Ministries 110 Crusader Ave W Saint Paul, MN 55118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.409	Nonpriority creditor's name and mailing address New Ulm Area Catholic Schools 514 N Washington St New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.410	Nonpriority creditor's name and mailing address New Ulm Furniture 16 N German St New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.411	Nonpriority creditor's name and mailing address New Ulm Glass 1300 N Front St New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.412	Nonpriority creditor's name and mailing address New Ulm Postmaster 27 S German New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.413	Nonpriority creditor's name and mailing address New Ulm Public Utilities Attn Officer, General or Agent 100 North Broadway New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,845.34
3.414	Nonpriority creditor's name and mailing address Nicklasson Athletic Co, Inc 1217 S Broadway New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.415	Nonpriority creditor's name and mailing address Nu Current Electric Inc Po Box 264 New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.416	Nonpriority creditor's name and mailing address Nu-Telecom Attn Officer, General or Agent 27 N Minnesota St PO Box 697 New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.417	Nonpriority creditor's name and mailing address Office Max PO Box 101705 Atlanta, GA 30392 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.88
3.418	Nonpriority creditor's name and mailing address Office Of National Collections Catholic Comm. Campaign Po Box 96278 Washington, DC 20090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.419	Nonpriority creditor's name and mailing address Office Of National Collections Coll/Church In Eastern Europe Po Box 96278 Washington, DC 20090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.420	Nonpriority creditor's name and mailing address Omnicare of Annapolis Junction Attn Officer, General or Agent PO Box 713611 Cincinnati, OH 45271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.421	Nonpriority creditor's name and mailing address Order of Friar Servants/Mary Brother Michael Callary 3121 W Jackson Blvd Chicago, IL 60612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.422	Nonpriority creditor's name and mailing address Order Of The Sisters Of Mary Morning Star 318 Mcquestion Street Ghent, MN 56239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.423	Nonpriority creditor's name and mailing address Our Lady of the Lakes 6680 153rd Ave NE Spicer, MN 56288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.424	Nonpriority creditor's name and mailing address Our Sunday Visitor Po Box 4013 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.425	Nonpriority creditor's name and mailing address Paape Energy Services Attn Officer, General or Agent 307 McKinzie St S. PO Box 1 Mankato, MN 56001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.426	Nonpriority creditor's name and mailing address Page 1 Printer 1929 Engebretson St Slayton, MN 56172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.427	Nonpriority creditor's name and mailing address Pamela Wester 2300 Lake Ave New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.428	Nonpriority creditor's name and mailing address Patterson's 117 N Minnesota New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.429	Nonpriority creditor's name and mailing address Paul C. Engh Attorney at Law 220 S 6th Street Ste 1225 Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.430	Nonpriority creditor's name and mailing address Paul Matenaer, MTS JCL 702 S High Point Rd Suite 2 Madison, WI 53719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.431	Nonpriority creditor's name and mailing address Paul Middlestaedt 1908 38th Street So Saint Cloud, MN 56301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.432	Nonpriority creditor's name and mailing address Paulinas Distribuidora 145 Sw 107 Ave Miami, FL 33174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.433	Nonpriority creditor's name and mailing address Paulist Press 997 Macarthur Blvd. Mahwah, NJ 07430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.434	Nonpriority creditor's name and mailing address Pioneer Telephone Attn Officer, General or Agent PO Box 11018 Lewiston, ME 04243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.09
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3.435	Nonpriority creditor's name and mailing address Plunkett's Pest Control 40 NE 52nd Way Fridley, MN 55421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.436	Nonpriority creditor's name and mailing address Pontifical North Amer. College Attn Officer, General or Agent PO Box 447 Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.437	Nonpriority creditor's name and mailing address Preferred Printing Attn Officer, General or Agent 107 W Main Street Madelia, MN 56062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.438	Nonpriority creditor's name and mailing address Presentations Sisters PVB Sr Lois Byrne 501 Atlantic Ave Degraff, MN 56271 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.439	Nonpriority creditor's name and mailing address Presstar Printing 801 Lake Street Mankato, MN 56003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.440	Nonpriority creditor's name and mailing address Priests' Pension Plan 1421 6th Street North New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.441	Nonpriority creditor's name and mailing address Promesa Enterprises, Inc. Attn Officer Agent or General 5316 Hwy 290 W Suite 500 Austin, TX 78735 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.442	Nonpriority creditor's name and mailing address Quill Attn Officer, General or Agent PO Box 37600 Philadelphia, PA 19101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.443	Nonpriority creditor's name and mailing address Raymond Eberhard St John Vianny Seminary 2115 Summit Ave Mail 6735 Shoreview, MN 55126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.444	Nonpriority creditor's name and mailing address Redemptorist Denver Province Christine Jenkins 1230 S Parker Road Denver, CO 80231 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.445	Nonpriority creditor's name and mailing address Retzlaff's Attn Officer, General or Agent 21 N Minnesota PO Box 453 New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.446	Nonpriority creditor's name and mailing address Rev Alexander Laschuk JCD 1233 Yonge St #G5 Toronto Ontario M4T 1W4 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.447	Nonpriority creditor's name and mailing address Revenend Eugene L Lozinski Church of St Mary 636 1st Ave N Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.448	Nonpriority creditor's name and mailing address Reverend Andrew J Michels Church of St Mary 636 1st Ave N Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.449	Nonpriority creditor's name and mailing address Reverend Anthoney R Hesse Church of St Anne PO Box 239 Wabasso, MN 56293 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.450	Nonpriority creditor's name and mailing address Reverend Anthony H Plathe Apt 105 2020 Lakeview Dr Clearwater, FL 33763 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.451	Nonpriority creditor's name and mailing address Reverend Anthony J Stubeda Church of St Pius X 1014 Knight Ave N Glencoe, MN 55336 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.452	Nonpriority creditor's name and mailing address Reverend Bernard J Steiner 1001 N Garden St Apt 105 New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.453	Nonpriority creditor's name and mailing address Reverend Brian L Mandel Church of St John 106 N 4th St Darwin, MN 55324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.454	Nonpriority creditor's name and mailing address Reverend Brian Oestreich Church of St Michael 412 W 3rd St Madison, MN 56256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.455	Nonpriority creditor's name and mailing address Reverend Cornelius Ezeiloaku Cathedral of Holy Trinity 605 N State St New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.456	Nonpriority creditor's name and mailing address Reverend Craig A Timmerman Church of St Peter 307 4th St W Canby, MN 56220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.457	Nonpriority creditor's name and mailing address Reverend David L Breu PO Box 7 Graceville, MN 56240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.458	Nonpriority creditor's name and mailing address Reverend Dennis C Labat Church of St Aloysius 302 S 10th St Olivia, MN 56277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.459	Nonpriority creditor's name and mailing address Reverend Dennis E Becker 11208 County Rd 12 NW Garfield, MN 56332 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.460	Nonpriority creditor's name and mailing address Reverend Eugene C Hackert 700 3rd Ave NW Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.461	Nonpriority creditor's name and mailing address Reverend Eugene M Brown 1320 Riverside LN Apt 203 Mendota Heights, MN 55118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.462	Nonpriority creditor's name and mailing address Reverend Frederick T Fink 1219 Trisco Cove Dr SE Osakis, MN 56360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.463	Nonpriority creditor's name and mailing address Reverend Garrett D Ahlers 2631 225th Ave Marshall, MN 56258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.464	Nonpriority creditor's name and mailing address Reverend George Schmit Church of St Mary PO Box 500 Bird Island, MN 55310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.465	Nonpriority creditor's name and mailing address Reverend Gerald S Meidl Church of St Anastasia 460 Lake St SW Hutchinson, MN 55350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.466	Nonpriority creditor's name and mailing address Reverend Germain P Rademacher 60297 402nd Ln New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.467	Nonpriority creditor's name and mailing address Reverend Jack A Nordick 3660 111th Ave Ortonville, MN 56278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.468	Nonpriority creditor's name and mailing address Reverend James D Barry 9300 Collegeview Rd Bloomington, MN 55437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.469	Nonpriority creditor's name and mailing address Reverend James W Devorak St Gerard 9600 Regent Ave N Brooklyn Park, MN 55443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.470	Nonpriority creditor's name and mailing address Reverend Jeffrey P Horejsi Church of St Andrew PO BOX C Fairfax, MN 55332 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.471	Nonpriority creditor's name and mailing address Reverend Jeremy G Kucera Church of St Francis 508 13th St N Benson, MN 56215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.472	Nonpriority creditor's name and mailing address Reverend Jerome E Paulson Our Lady of the Lakes 6680 153rd Ave NE Spicer, MN 56288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.473	Nonpriority creditor's name and mailing address Reverend John A Pearson Apt 214 14180 Broadmoor Dr Baxter, MN 56425 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.474	Nonpriority creditor's name and mailing address Reverend John G Berger PO Box 186 Green Isle, MN 55338 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.475	Nonpriority creditor's name and mailing address Reverend John H Brunner 17390 Harbor Rd Cold Spring, MN 56320 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.476	Nonpriority creditor's name and mailing address Reverend John Richter Cathedral of Holy Trinity 605 N State St New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.477	Nonpriority creditor's name and mailing address Reverend John T Goggin Parroquia San Lucas Toliman Solola 07013 Guatemala Central America Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.478	Nonpriority creditor's name and mailing address Reverend Joseph Steinbeisser Church of St Phillip 821 E 5th St Litchfield, MN 55355 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.479	Nonpriority creditor's name and mailing address Reverend Keith R Salisbury Church of St Mary PO Box 392 Arlington, MN 55307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.480	Nonpriority creditor's name and mailing address Reverend Kenneth E Irrgang 740 14th St S Apt 13 St Cloud, MN 56301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.481	Nonpriority creditor's name and mailing address Reverend Lawrence H Hansen 501 Plus Mill Rd Wallingford, PA 19086 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.482	Nonpriority creditor's name and mailing address Reverend Leland C Mead 22295 Lakewood Dr Madison Lake, MN 56063 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.483	Nonpriority creditor's name and mailing address Reverend Mark Mallak PO Box 270 Dawson, MN 56232 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.484	Nonpriority creditor's name and mailing address Reverend Mark S Mallak Church of St James PO Box 60 Dawson, MN 56232 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.485	Nonpriority creditor's name and mailing address Reverend Mark S Steffl 900 E Flynn St PO Box 383 Redwood Falls, MN 56283 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.486	Nonpriority creditor's name and mailing address Reverend Matthew J Wiering Church of St Mary PO Box 228 Darwin, MN 56229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.487	Nonpriority creditor's name and mailing address Reverend Michael Doyle Church of the Holy Family 720 Main St W Silver lake, MN 55381 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.488	Nonpriority creditor's name and mailing address Reverend Patrick L Casey 525 Fairfield Ave S Apt 439 St Paul, MN 55116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.489	Nonpriority creditor's name and mailing address Reverend Paul A Schumacher Church of the Holy Trinity PO Box 9 Winsted, MN 55395 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.490	Nonpriority creditor's name and mailing address Reverend Paul L Wolf Church of the Holy Redeemer 503 W Lyon St Marshall, MN 56258 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.491	Nonpriority creditor's name and mailing address Reverend Paul Timmerman Church of St Joseph 512 Black Oak Ave Montevideo, MN 56265 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.492	Nonpriority creditor's name and mailing address Reverend Peter C Nosbush 504 W Franklin Ave Minneapolis, MN 55405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.493	Nonpriority creditor's name and mailing address Reverend Phillip M Schotzki Church of St Raphael 112 W Van Dunsen St Springfield, MN 56087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.494	Nonpriority creditor's name and mailing address Reverend Richard C Gross 404 Luella St Apt 1001 Watkins, MN 55389 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.495	Nonpriority creditor's name and mailing address Reverend Robert J Mraz Church of St Mary PO Box 602 Walnut Grove, MN 56180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.496	Nonpriority creditor's name and mailing address Reverend Robert P Goblirsch 702 3rd Ave NW Apt 10 Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.497	Nonpriority creditor's name and mailing address Reverend Ronald Huberty Church of SS Peter and Paul PO Box 49 Ivanhoe, MN 56142 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.498	Nonpriority creditor's name and mailing address Reverend Samuel J Wagner Church of St Mary 636 1st Ave N Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.499	Nonpriority creditor's name and mailing address Reverend Samuel Perez Church of St Joseph PO Box 427 Henderson, MN 56044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.500	Nonpriority creditor's name and mailing address Reverend Steven J Verhelst Church of St Mary 713 12th St SW Willmar, MN 56201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.501	Nonpriority creditor's name and mailing address Reverend Todd J Peterson Church of St Peter 1801 W Broadway St Peter, MN 56082 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.502	Nonpriority creditor's name and mailing address Reverend Van De Crommert Church of the Holy Rosary 525 Grant Ave North Mankato, MN 56003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.503	Nonpriority creditor's name and mailing address Reverend William A Springler 112 Morningside Dr NE Hutchinson, MN 55350 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.504	Nonpriority creditor's name and mailing address Reverend Williamd H Bowles St John the Baptist 4595 Bayview Dr Ft Lauderdale, FL 33308 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.505	Nonpriority creditor's name and mailing address Reverend Zachary D Peterson Church of St Edward 409 N Adams St Minneota, MN 56264 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.506	Nonpriority creditor's name and mailing address River Creek Nursery, Inc 1200 S Front St New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.507	Nonpriority creditor's name and mailing address River Region Co-op Attn Officer, General or Agent PO Box 665 Essig, MN 56030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.508	Nonpriority creditor's name and mailing address River Valley Lawn Care Attn Officer, General or Agent 715 North Franklin New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.509	Nonpriority creditor's name and mailing address River Valley Power Equipment Attn Officer, General or Agent 1900 South Valley New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.510	Nonpriority creditor's name and mailing address Riverbend Business Products Attn Officer, General or Agent 1400 Madison Ave PO Box 4308 Mankato, MN 56002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$290.11
3.511	Nonpriority creditor's name and mailing address Riverbend Tec Fr Denny Labat 302 S 10th Street Olivia, MN 56277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.512	Nonpriority creditor's name and mailing address Rogationist Missionary Center Fr Devassy Painadath 2688 S Newmark Ave Po Box 37 Sanger, CA 93657 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.513	Nonpriority creditor's name and mailing address Runnings Supply, Inc. Attn Officer, General or Agent 901 Highway 59 N Marshall, MN 56258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.514	Nonpriority creditor's name and mailing address RVS Shredding Attn Officer, General or Agent PO Box 338 New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.515	Nonpriority creditor's name and mailing address Ryan & Katie Braulick 120 St Mary Street NE Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.516	Nonpriority creditor's name and mailing address Saint PIO Media, LLC 7716 45 1/2 Ave North New Hope, MN 55428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.517	Nonpriority creditor's name and mailing address Samuel Patet 2800 Hamline Avenue #235 Saint Paul, MN 55113 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.518	Nonpriority creditor's name and mailing address Samuel Rosemeier St John Vianney Seminary 2115 Summit Ave Mail 6075 Saint Paul, MN 55105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.519	Nonpriority creditor's name and mailing address Schoenstatt On The Lake 27762 County Road 27 Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.520	Nonpriority creditor's name and mailing address Schoenstatt Sisters Of Mary 27762 County Road 27 Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.521	Nonpriority creditor's name and mailing address Schoenstatt Sr. of Mary 27762 County Rd 27 Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00

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3.522	Nonpriority creditor's name and mailing address School Sisters Of Notre Dame C/O Liturgical Fabric Arts 320 East Ripa Ave Saint Louis, MO 63125 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.523	Nonpriority creditor's name and mailing address Schultz Family Foods 900 East Main Street Sleepy Eye, MN 56085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.524	Nonpriority creditor's name and mailing address Sibley County Courthouse 400 Court Ave Po Box 44 Gaylord, MN 55334 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.525	Nonpriority creditor's name and mailing address Sister Candace Fier 1421 Sixth Street North New Ulm, MN 56081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.526	Nonpriority creditor's name and mailing address Sister Lois Byrne 1421 Sixth Street North New Ulm, MN 56076 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.527	Nonpriority creditor's name and mailing address Slayton Post Office Attn Officer, General or Agent 2541 Broadway Ave Slayton, MN 56172 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.528	Nonpriority creditor's name and mailing address Society of The Missionaries St Francis Xavier 6326 N Washtena W Ave Chicago, IL 60659 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.529	Nonpriority creditor's name and mailing address Sophia Institute For Teachers Po Box 5284 Manchester, NH 03108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.530	Nonpriority creditor's name and mailing address SR Marie Paul Lockerd Rsm 51437 800th Street Jackson, MN 56143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.531	Nonpriority creditor's name and mailing address SSL Enterprises, Inc. Attn Officer, General or Agent 626 N Minnesota Street New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.532	Nonpriority creditor's name and mailing address St Anastasia School 400 Lake St SW Hutchinson, MN 55350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.533	Nonpriority creditor's name and mailing address St Anne School PO Box 239 Wabasso, MN 56293 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.534	Nonpriority creditor's name and mailing address St Anthony Elm School 514 N Washington St New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.535	Nonpriority creditor's name and mailing address St Clotilde 3272 270th Ave Marshall, MN 56258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.536	Nonpriority creditor's name and mailing address St Edward School 210 W 4th Street Minneota, MN 56264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.537	Nonpriority creditor's name and mailing address St George 63128 388th LN New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.538	Nonpriority creditor's name and mailing address St Gertrude 31608 650th Ave Litchfield, MN 55355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.539	Nonpriority creditor's name and mailing address St Gregory the Great PO Box 5 Lafayette, MN 56054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.540	Nonpriority creditor's name and mailing address St John Cantius PO Box 310 Tyler, MN 56178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.541	Nonpriority creditor's name and mailing address St John the Baptist 18241 1st Ave New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.542	Nonpriority creditor's name and mailing address St Luke Institute Attn Officer, General or Agent 8901 New Hampshire Ave Silver Spring, MD 20903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.543	Nonpriority creditor's name and mailing address St Mary Elementary School 104 Saint Mary's St NW Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.544	Nonpriority creditor's name and mailing address St Mary Junior & Senior HS 104 Saint Mary's St NW Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.545	Nonpriority creditor's name and mailing address St Mary School PO Box 500 Bird Island, MN 55310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.546	Nonpriority creditor's name and mailing address St Mary School 225 6th St Tracy, MN 56175 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.547	Nonpriority creditor's name and mailing address St Peter School 410 Ring Ave N Canby, MN 56220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.548	Nonpriority creditor's name and mailing address St Philip School 225 E 3rd St Litchfield, MN 55355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.549	Nonpriority creditor's name and mailing address St Prius X School 1103 10th St E Glencoe, MN 55336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.550	Nonpriority creditor's name and mailing address St Raphael School 20 W Van Dusen St Springfield, MN 56087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.551	Nonpriority creditor's name and mailing address St Thomas PO Box 427 Henderson, MN 56044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.552	Nonpriority creditor's name and mailing address St. Michael School PO Box 459 Morgan, MN 56266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Indemnity Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.553	Nonpriority creditor's name and mailing address St. Patrick's Guild Attn Officer, General or Agent 1554 Randolph Avenue Saint Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.554	Nonpriority creditor's name and mailing address STA Travel Inc Accounts Receivable 585 N Juniper Dr Suite 250 Chandler, AZ 85226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.555	Nonpriority creditor's name and mailing address State Industrial Products Attn Officer, General or Agent PO Box 74189 Cleveland, OH 44194 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.556	Nonpriority creditor's name and mailing address Steve Groebner 344 W Sandhurst Roseville, MN 55113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.557	Nonpriority creditor's name and mailing address Subway 2316 9th St E Glencoe, MN 55336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.558	Nonpriority creditor's name and mailing address Susan Kraus 615 South Front St New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.559	Nonpriority creditor's name and mailing address Terstegg's 1111 E Bridge Street Redwood Falls, MN 56283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.560	Nonpriority creditor's name and mailing address The Abbey of the Hills 46561 147th St PO Box 38 Marvin, SD 57251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.561	Nonpriority creditor's name and mailing address The Jonas Center Attn Officer, General or Agent 925 12th Street E Ste 101 Glencoe, MN 55336 Date(s) debt was incurred ____ Last 4 digits of account number <u>2165</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.68
3.562	Nonpriority creditor's name and mailing address The Master's Coffee Shop And Bakery Inc 809 E Lincoln Ave Olivia, MN 56277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.563	Nonpriority creditor's name and mailing address The Parent Institute Po Box 7474 Fairfax Station, VA 22039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.564	Nonpriority creditor's name and mailing address The Picker-Uppers Llc Po Box 638 New Ulm, MN 56073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.565	Nonpriority creditor's name and mailing address TKE Corp Attn Officer, General or Agent PO Box 933004 Atlanta, GA 31193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.566	Nonpriority creditor's name and mailing address Today's Catholic Teacher Po Box 49725 Dayton, OH 45449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.567	Nonpriority creditor's name and mailing address Tom & Mary Portner 29042 - 240th St Sleepy Eye, MN 56085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.568	Nonpriority creditor's name and mailing address Totalfunds by Hasler Attn Officer, General or Agent PO Box 30193 Tampa, FL 33630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.569	Nonpriority creditor's name and mailing address Turnkey Direct Marketing Attn Officer, General or Agent PO Box 261 Excelsior, MN 55331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.570	Nonpriority creditor's name and mailing address Uni. of St Mary of The Lake 1000 Maple Street Mundelein, IL 60060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.571	Nonpriority creditor's name and mailing address University of St. Thomas Attn Officer, General or Agent 2115 Summit Ave Mail 5002 Saint Paul, MN 55105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.572	Nonpriority creditor's name and mailing address UNUM Life Insurance Attn Officer, General or Agent PO Box 406946 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.573	Nonpriority creditor's name and mailing address Upper Midwest Management Corp 1314 Westridge Road Po Box 834 New Ulm, MN 56073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.574	Nonpriority creditor's name and mailing address USCCB Office Of National Collections Po Box 96278 Washington, DC 20090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.575	Nonpriority creditor's name and mailing address USCCB Communications Dept 3211 4th Street NE Washington, DC 20017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.576	Nonpriority creditor's name and mailing address USCCB Conv of Catholic Leaders Orchid Event Solutions 175 West Temple Suite 30 Salt Lake City, UT 84116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.577	Nonpriority creditor's name and mailing address USCCB Strategic Planning 3211 4th Street Ne Washington, DC 20017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.578	Nonpriority creditor's name and mailing address USCCB, Dept Of Education 3211 4th St NE Washington, DC 20017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.579	Nonpriority creditor's name and mailing address Vast Broadband Attn Officer, General or Agent PO Box 35153 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.41
3.580	Nonpriority creditor's name and mailing address Verizon Wireless Attn Officer, General or Agent PO Box 25505 Lehigh Valley, PA 18002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.581	Nonpriority creditor's name and mailing address Vianney Vocations 505 North Toombs St Valdosta, GA 31601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.45
3.582	Nonpriority creditor's name and mailing address Viking Optical 109 Doctors Park Saint Cloud, MN 56301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.583	Nonpriority creditor's name and mailing address Voyageurweb 209 S Second St Suite 216 PO Box 205 Mankato, MN 56002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.584	Nonpriority creditor's name and mailing address Waste Management Attn Officer, General or Agent PO Box 4648 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.70

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Name

3.585 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* **\$89.63**
Wayne Peterson Enterprises
3140 Neil Armsrong Blvd
Suite 321
Eagan, MN 55121
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred
Basis for the claim: Services
Last 4 digits of account number Is the claim subject to offset? ☒ No ☐ Yes

3.586 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**
Wendinger Band & Travel
38483 - 631st Ave
New Ulm, MN 56073
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred
Basis for the claim: Notice Only
Last 4 digits of account number Is the claim subject to offset? ☒ No ☐ Yes

3.587 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**
Xact Data Discovery
Po Box 6596
Carol Stream, IL 60197
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred
Basis for the claim: Notice Only
Last 4 digits of account number Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	University of St. Thomas Perkins Loan Office 2115 Summit Avenue AQU 2005 Saint Paul, MN 55105	Line <u>3.571</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.3	University of St. Thomas CHC 156 - Bonnie 2115 Summit Ave Saint Paul, MN 55105	Line <u>3.571</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.4	University of St. Thomas St Paul Seminary 2260 Summit Ave Mail Saint Paul, MN 55105	Line <u>3.571</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts
5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 7,899.18

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ 7,899.18

Debtor	<u>The Diocese of New Ulm</u>	Case number (if known)	<u>17-30601</u>
	Name		

Fill in this information to identify the case:

Debtor name The Diocese of New Ulm

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 17-30601

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest Credit card gateway and processor

State the term remaining Debtor is Lessee Ongoing

List the contract number of any government contract _____

Blackbaud
Attn: Officer or Agent
2000 Daniel Island Drive
Charleston, SC 29492

2.2. State what the contract or lease is for and the nature of the debtor's interest Medical Benefits Administration

State the term remaining _____

List the contract number of any government contract _____

Blue Cross Blue Shield of MN
Attn Officer, General or Agent
PO Box 64676
Saint Paul, MN 55164

2.3. State what the contract or lease is for and the nature of the debtor's interest Workers' Compensation Insurance Policy

State the term remaining Debtor is insured 7/1/2017

List the contract number of any government contract _____

Church Mutual Insurance Co.
Attn: Officer or Agent
3000 Schuster Lane
Merrill, WI 54452

2.4. State what the contract or lease is for and the nature of the debtor's interest Automobile Insurance Policy

State the term remaining Debtor is insured 7/1/2017

List the contract number of any government contract _____

Church Mutual Insurance Co.
Attn: Officer or Agent
3000 Schuster Lane
Merrill, WI 54452

Debtor 1 The Diocese of New Ulm

Case number (if known) 17-30601

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest
Occupancy Agreement for office space located at 713 12th Street SW, Willmar, MN

State the term remaining

Debtor is Lessee
December 31, 2017

Church of St. Mary, Willmar
Attn: Fr. Steve Verhelst
713 12th Street SW
Willmar, MN 56201

List the contract number of any government contract

2.6. State what the contract or lease is for and the nature of the debtor's interest
Lease Extension Agreement for office space located at 902 Hwy 15 South, Suite 12 & 13, Hutchinson, MN 55350

State the term remaining

Debtor is Lessee
December 31, 2017

David & Lori Broll
904 Hwy 15 S Suite G
Hutchinson, MN 55350

List the contract number of any government contract

2.7. State what the contract or lease is for and the nature of the debtor's interest
Dental Benefits Administration Group Dental Plan Contract

State the term remaining

December 31, 2017

Delta Dental of Minnesota
500 Washington Avenue South
Attn Officer or Agent Ste 2060
Minneapolis, MN 55415

List the contract number of any government contract

2.8. State what the contract or lease is for and the nature of the debtor's interest
Casemaster Case Management Software License Agreement

State the term remaining

Ongoing

Digital Innovation, Inc.
134 Industry Lane, Suite 3
Forest Hill, MD 21050

List the contract number of any government contract

2.9. State what the contract or lease is for and the nature of the debtor's interest
Human Resources Consulting Agreement

State the term remaining

April 22, 2017

Human Resource Tech Inc.
Attn: Officer or Agent
850 Emerald Court
New Brighton, MN 55112

List the contract number of any government contract

Debtor 1 The Diocese of New Ulm

Case number (if known) 17-30601

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest

Lease Agreement for farmland property located in Brown County, containing a total of 37 tillable acres.

State the term remaining

Debtor is Lessor
December 31, 2017

List the contract number of any government contract

Keith Marti
1011 North Franklin Street
New Ulm, MN 56073

2.11. State what the contract or lease is for and the nature of the debtor's interest

Purchase Agreement for Vacant Land - 11th Street North, New Ulm, MN

Lot 16 Block 1 Oak Bluffs
6th Addition

State the term remaining

Debtor is Seller

List the contract number of any government contract

M&D Properties, LLC
c/o Mike Kral
56491 County Rd 15
New Ulm, MN 56073

2.12. State what the contract or lease is for and the nature of the debtor's interest

Purchase Agreement for Vacant Land - 11th Street North, New Ulm, MN

Lot 8 Block 2 Oak Bluffs
6th Addition

State the term remaining

Debtor is Seller

List the contract number of any government contract

M&D Properties, LLC
c/o Mike Kral
56491 County Rd 15
New Ulm, MN 56073

2.13. State what the contract or lease is for and the nature of the debtor's interest

Purchase Agreement for Vacant Land - 11th Street North, New Ulm, MN

Lot 7 Block 2 Oak Bluffs
6th Addition

State the term remaining

Debtor is Seller

List the contract number of any government contract

M&D Properties, LLC
c/o Mike Kral
56491 County Rd 15
New Ulm, MN 56073

Debtor 1 The Diocese of New Ulm

Case number (if known) 17-30601

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.14. State what the contract or lease is for and the nature of the debtor's interest Purchase Agreement for Vacant Land - 11th Street North, New Ulm, MN

Lot 6 Block 2 Oak Bluffs 6th Addition

Debtor is Seller

State the term remaining

M&D Properties, LLC
c/o Mike Kral
56491 County Rd 15
New Ulm, MN 56073

List the contract number of any government contract

2.15. State what the contract or lease is for and the nature of the debtor's interest Leased 2017 Grand Cherokee Limited

State the term remaining

November 2019

Maday Motors Inc.
2403 S. Broadway
New Ulm, MN 56073

List the contract number of any government contract

2.16. State what the contract or lease is for and the nature of the debtor's interest Purchase Agreement for Vacant Land - 12 Bishop Lucker Lane

Lot 5, Block 1, Oak Bluff's 6th Addition

Debtor is Seller

State the term remaining

Scott & Brigitte R. Cooper

List the contract number of any government contract

2.17. State what the contract or lease is for and the nature of the debtor's interest Occupancy Agreement for office space located at 1418 State Street, Marshall, MN

Debtor is Lessee
December 31, 2018

SMSU Campus Religious Center
Attn: William Pavot
1418 State Street
Marshall, MN 56258

State the term remaining

List the contract number of any government contract

2.18. State what the contract or lease is for and the nature of the debtor's interest Joint Powers Agreement for Group Employee Benefits and Other Financial Risk Mangement Services

South Central Service Coop
Attn: Officer or Agent
2075 Lookout Drive
Mankato, MN 56003

Debtor 1 The Diocese of New Ulm

Case number (if known) 17-30601

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.19. State what the contract or lease is for and the nature of the debtor's interest Lease Agreement for farmland located in Brown County, containing a total of 167.7 tillable acres

State the term remaining

Debtor is Lessor
December 31, 2017

List the contract number of any government contract

Stanley Seifert
28284 County Road 27
Sleepy Eye, MN 56085

2.20. State what the contract or lease is for and the nature of the debtor's interest Agreement related to self-insurance fund for various insurance coverages

State the term remaining

Debtor is insured
July 1, 2017

List the contract number of any government contract

The Catholic Mutual Relief
Society of America
10843 Old Mill Road
Omaha, NE 68154

Fill in this information to identify the case:

Debtor name The Diocese of New Ulm

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 17-30601

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

Name	Mailing Address	Name	Check all schedules that apply:
2.1	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name The Diocese of New Ulm

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 17-30601

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For year before that:
From 7/01/2015 to 6/30/2016

Sources of revenue
Check all that apply

- ☒ Operating a business
Unrestricted donations,
gain on investments,
land rental and sale
- ☐ Other income

Gross revenue
(before deductions and exclusions)

\$3,367,651.50

For the fiscal year:
From 7/01/2014 to 6/30/2015

- ☒ Operating a business
Unrestricted donations,
gain on investments,
land rental and sale
- ☐ Other income

\$3,337,878.35

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Holy Redeemer 503 W Lyon Street New Ulm, MN 56073	1/21/17	\$9,929.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>DMA Parish Payout</u>
3.2. Cathedral of The Holy Trinity 605 N State Street New Ulm, MN 56073	1/21/17	\$9,450.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>DMA Parish Payout</u>
3.3. Church of St. Mary 417 S Minnesota Street New Ulm, MN 56073	1/21/17	\$15,673.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>DMA Parish Payout</u>
3.4. Church of St. Mary 417 S Minnesota Street New Ulm, MN 56073	1/21/17	\$8,682.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>DMA Parish Payout</u>
3.5. Apostolic Nunciature 3339 Massachusetts Avenue NW Washington, DC 20008	12/31/16	\$20,706.86	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Forward Parish Collections Peters Pence</u>
3.6. Church Mutual Group Attn: Officer or Agent 3000 Schuster Lane Merrill, WI 54452	1/10/17 & 1/24/17	\$53,503.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.7. Catholic Umbrella Pool c/o Catholic Mutual Relief Society 10843 Old Mill Road Omaha, NE 68154	12/23/16	\$7,255.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.8. Christian Bros Employee Retirement Plan	12/29/16, 1/6/17, 2/1/17, 2/6/17, 2/13/17	\$180,429.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Retirement Plan</u>

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. Christian Brothers	2/28/17	\$33,060.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Money from General Fund to CBIS Account - Charitable Trusts</u>
3.10 Clifton Larson Allen LLP Attn Officer, General or Agent 109 N Main Street Austin, MN 55912	1/10/17	\$19,833.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Parish Audits</u>
3.11 Crosier Fathers and Brothers PO Box 500 Onamia, MN 56359	12/29/16	\$12,009.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Mission Coop Parish Collections Forwarded</u>
3.12 FR Irenaeus NWIMP	2/15/17	\$9,127.81	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.13 Friends of San Lucas 4679 Cambridge Drive Eagan, MN 55122	12/29/16	\$9,882.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.14 James Young & Associates 101 Main Street South #206 Hutchinson, MN 55350	2/2/17	\$57,175.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 Order of the Sisters of Mary Morning Star 318 McQuestions Street Ghent, MN 56239	1/3/17	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Catholic Grant Extension</u>

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.16 Paul C. Engh Attorney at Law 220 S 6th Street Ste 1225 Minneapolis, MN 55402	2/28/17	\$12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other
3.17 Turnkey Direct Marketing Attn Officer, General or Agent PO Box 261 Excelsior, MN 55331	1/10/17 & 2/27/17	\$22,451.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Mailing to Parishioners regarding bankruptcy</u>
3.18 USCCB Office of National Collections PO Box 96278 Washington, DC 20090	1/3/17	\$16,112.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Forward of Parish Collections for Disasters</u>
3.19 Blue Cross Blue Shield of MN Attn Officer, General or Agent PO Box 64676 Saint Paul, MN 55164		\$211,193.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Premiums</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Most Reverend John M. LeVoir 1421 6th Street North New Ulm, MN 56073 President/Member	3/15/16 through 2/28/17	\$26,401.70	Wages
4.2. Monsignor Eugene Lozinski 1421 6th Street North New Ulm, MN 56073 Secretary/Chancellor/Member	Jan 2015 - October 2016	\$3,262.97	Mileage
4.3. Monsignor Douglas L. Grams 1421 6th Street North New Ulm, MN 56073 Vicar General/Member	6/25/16	\$724.74	Mileage

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.4. Monsignor Douglas L. Grams 1421 6th Street North New Ulm, MN 56073 Vicar General/Member	12/29/16	\$50.00	Christmas Gift
4.5. Monsignor Douglas L. Grams 1421 6th Street North New Ulm, MN 56073 Vicar General/Member	2/17/17	\$621.00	Mileage
4.6. Monsignor Douglas L. Grams 1421 6th Street North New Ulm, MN 56073 Vicar General/Member	2/17/17	\$66.88	January 2017 mileage

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Dan Rossini 444-2016-00686	EEOC	Equal Employment Opportunity Commission 330 Second Avenue South Suite 720 Minneapolis, MN 55401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. John Doe v. School Sisters of Norte Dame Central Pacific Province, Inc., the Diocese of New Ulm, and the Church of St. Michael of Madison, Minnesota 08-CV-15-437	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.3.	John Doe 10 v. Diocese of New Ulm and the Servants of the Paraclete and Former Priest No. 1 [FP#1] Former Priest No. 2 [FP#2] 08-CV-13-1084	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	John Doe 37 and John Doe 38 v. Diocese of New Ulm 08-CV-14-863	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	John Doe 107 v. Archdiocese of St. Paul and Minneapolis, The Diocese of New Ulm, and St. John's Catholic Church 62-CV-13-8000	Personal Injury	Ramsey Co. District Court 15 W Kellogg Blvd Saint Paul, MN 55102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	John Doe 109 v. Archdiocese of St. Paul and Minneapolis and The Diocese of New Ulm 62-CV-14-4275	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	John Doe 111 v. Diocese of New Ulm, St. Michael Catholic Church 08-CV-16-531	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	John Doe 116 v. Diocese of New Ulm and Holy Family Parish 08-CV-14-897	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	John Doe 122 v. Diocese of New Ulm, Holy Family Parish 08-CV-16-250	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	John Doe 125 v. Diocese of New Ulm, Holy Family Parish 08-CV-16-507	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	John Doe 127 v. Diocese of New Ulm, Church of St. Pius X 08-CV-16-506	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	John Doe 128 v. Diocese of New Ulm, Church of St. Pius X 08-CV-16-505	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13	John Doe 130 v. Diocese of New Ulm, St. Pius X Parish 08-CV-16-542	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.14	John Doe 135 v. Diocese of New Ulm, St. Pius X Parish 08-CV-16-535	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.15	John Doe 138 v. Diocese of New Ulm, Holy Family Parish 08-CV-16-536	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.16	John Doe 141 v. Diocese of New Ulm, St. Pius X Parish 08-CV-16-543	Personal Injury	Brown County District Court 14 South State Street P.O. Box 248 New Ulm, MN 56073	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Diocesan Council of Catholic Women Attn: Kris Anderson 26750 County Highway 13 Morgan, MN 56266	Monthly Monetary Donation	Monthly within last two years	\$10,008.00
	Recipients relationship to debtor			
9.2.	2017 National Tekakwitha Conference 1500 Massachusetts Avenue NW Suite 24 Washington, DC 20005	Monetary Donation	Within last two years	\$1,500.00
	Recipients relationship to debtor			
9.3.	NET Ministries 110 Crusador Avenue W West Saint Paul, MN 55118	Monetary Donation	Within last two years	\$2,500.00
	Recipients relationship to debtor			

Debtor The Diocese of New UlmCase number (if known) 17-30601**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Fredrikson & Byron PA 200 S 6th St Ste 4000 Minneapolis, MN 55402		See Application to Employ	\$599,739.98
Email or website address			
Who made the payment, if not debtor?			
11.2. Alliance Management 601 Carlson Pkwy Ste 110 Hopkins, MN 55305		See Application to Employ	\$141,461.80
Email or website address			
Who made the payment, if not debtor?			
11.3. Blank Rome, LLP 1825 Eye Street NW Washington, DC 20060		See Application to Employ	\$50,000.00
Email or website address			
Who made the payment, if not debtor?			

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.4.	Meier, Kennedy & Quinn 445 Minnesota Street Suite 2200 Saint Paul, MN 55101		See Application to Employ	\$50,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Adam and Abrea Roark 11th North Street New Ulm, MN 56073	Land located at Lot 15, Block 1 - sold for \$35,900.00; Net after fees - \$33,069.81	4/20/15	\$35,900.00
	Relationship to debtor			
13.2	Harold Apitz, Jr and Gail Apitz Bishop Lucker Lane New Ulm, MN 56073	Land located at Lot 1, Block 2 - sold for \$40,900.00; net after fees \$37,866.97	5/6/15	\$40,900.00
	Relationship to debtor			
13.3	Stanley and Jamie Boushek 11th North Street New Ulm, MN 56073	Land located at Lot 17, Block 1 - sold for \$25,900; net after fees \$24,503.38.	6/9/16	\$25,900.00
	Relationship to debtor			

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.4	C. Eeiloaku 605 N. State Street New Ulm, MN 56073	2008 Ford Taurus	7/8/15	\$5,000.00
	Relationship to debtor International priest employed by parish			
13.5	M&D Properties, LLC c/o Mike Kral 56491 County Rd 15 New Ulm, MN 56073	Land located at Lot 14, Block 1 - sold for \$36,900.00.	10/11/16	\$36,900.00
	Relationship to debtor			
13.6	Mayday Motors Inc. 2403 S Broadway New Ulm, MN 56073	Traded in 2015 Jeep and received \$24,000.00. Paid \$17,000 towards lease of 2017 Grand Cherokee; \$7,000 went back to the Diocese of New Ulm.	11/8/16	\$24,000.00
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	1400 6th Street North New Ulm, MN 56073	Through June 2014

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained.

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☒ No Go to Part 10.

☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
See Attachment A/B, Part 11: 77 and SOFA, Part 11: #21 (Various trust accounts)			\$9,658,829.75

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor The Diocese of New UlmCase number (if known) 17-30601

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Thomas Holzer 1421 6th Street North New Ulm, MN 56073	2001 to Present
26a.2. Carol Hacker 1421 6th Street North New Ulm, MN 56073	1981 to Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

Name and address	Date of service From-To
26b.1. James Young & Associates, Ltd. 101 Main Street South #206 Hutchinson, MN 55350	Approximately 1985 to Present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Catholic Home Missions 3211 4th Street, NE Washington, DC 20017
26d.2. Catholic Extension 150 South Wacker Suite 2000 Chicago, IL 60606

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Most Reverend John M. LeVoir	1421 6th Street North New Ulm, MN 56073	President/Member	N/A
Name	Address	Position and nature of any interest	% of interest, if any
Monsignor Douglas L. Grams	1421 6th Street North New Ulm, MN 56073	Vicar General/Member	N/A
Name	Address	Position and nature of any interest	% of interest, if any
Mr. Steve Gehrke	1421 6th Street North New Ulm, MN 56073	Member	N/A
Name	Address	Position and nature of any interest	% of interest, if any
Reverend Monsignor Eugene L. Lozinski	1421 6th Street North New Ulm, MN 56073	Secretary/Chancellor/Member	N/A

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

Name	Address	Position and nature of any interest	% of interest, if any
Mr. Michael H. Boyle	1421 6th Street North New Ulm, MN 56073	Vice-President/Member	N/A

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Most Reverend John M. LeVoir 1421 6th Street North New Ulm, MN 56073	26,401.70	3/15/16 through 2/28/17	Salary and expense payments
	Relationship to debtor President/Member			
30.2	Monsignor Douglas Grams 1421 6th Street North New Ulm, MN 56073	\$1,462.62		Reimbursement
	Relationship to debtor Vicar General/Member			
30.3	Monsignor Eugene Lozinski 1421 6th Street North New Ulm, MN 56073	\$3,287.97		Reimbursement
	Relationship to debtor Secretary/Chancellor/Member			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Debtor The Diocese of New UlmCase number (if known) 17-30601**Name of the parent corporation****Employer Identification number of the parent corporation**

Pension Plan for the Priests of the Diocese of New Ulm, Non-ERISA church plan

EIN: N/A

Diocese of New Ulm Lay Employee Retirement Plan, defined benefit plan administered by Christian Brothers Services

EIN: N/A

Debtor The Diocese of New Ulm

Case number (if known) 17-30601

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 17, 2017

/s/ Monsignor Douglas L. Grams

Signature of individual signing on behalf of the debtor

Monsignor Douglas L. Grams

Printed name

Position or relationship to debtor Vicar General

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

LOCAL FORM 1007-1
REVISED 06/16

**United States Bankruptcy Court
District of Minnesota**

In re The Diocese of New Ulm

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept	\$	Hourly rate plus expenses, as allowed by the court
Prior to the filing of this statement I have received	\$	<u>\$599,739.98</u>
Balance Due	\$	<u>\$7,217.50</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

D. Representation of the debtor in contested bankruptcy matters; and

E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

Page 1 of 2

LOCAL FORM 1007-1
REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: 3/17/2017

Signature of Attorney

/e/ James L. Baillie

James L. Baillie 3980

**United States Bankruptcy Court
District of Minnesota**

In re	<u>The Diocese of New Ulm</u>	Case No.	<u>17-30601</u>
	Debtor(s)	Chapter	<u>11</u>

VERIFICATION OF CREDITOR MATRIX

I, the Vicar General of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: March 17, 2017

/s/ Monsignor Douglas L. Grams
Monsignor Douglas L. Grams/Vicar General
Signer/Title

Alex Street
1079 E Victory Road
Boise ID 83706

Ali Muhamed Yusep
515 Lakeland Drive Se #202
Willmar MN 56201

American Fed Pueri Cantores
1188 N Tustin St
Orange CA 92867

Anita Prestidge
310 N Washington Street
New Ulm MN 56073

Ann M Garrido
155 Ocean Lane
Apt #802
Key Biscayne FL 33149

Annette M Hrywna
3599 Academy Drive
Windsor Ontario
N9E 2H8

Apostolic Nunciature
3339 Massachusetts Ave NW
Washington DC 20008

Ava Maria Press
PO Box 428
Notre Dame IN 46556

Azteca Mexican Restaurant
215 4th Street SW
Willmar MN 56201

Breth-Zenzen
Fire Protection
8053 Sterling Drive Ste 101
Saint Joseph MN 56374

Broom Tree Youth & Family Camp
123 St Raphael Circle
Irene SD 57037

Candyman Inc
C/O Daniel Drexler
1112 S Valley Street

New Ulm MN 56073

Canon Law Society Of America
Office/ Executive Coordinator
415 Michigan Ave NE Suite 101
Washington DC 20017

Cathedral High School
600 N Washington St
New Ulm MN 56073

Cathedral of the Holy Trinity
605 N State St
New Ulm MN 56073

Catholic Answers
2020 Gillespie Way
El Cajon CA 92020

Catholic Benefits Association
C/O Strategic Risk Solutions
18835 N Thompson Peak Pkwy#210
Scottsdale AZ 85255

Catholic Charities USA
Suite 400
2050 Ballenger Avenue
Alexandria VA 22314

Catholic Family Services
523 N Duluth Ave
Sioux Falls SD 57104

Catholic Mutual Group
Po Box 30104
Omaha NE 68103

Catholic Press Association
Suite 470
205 West Monroe Street
Chicago IL 60606

Catholic Relief Services
Crs Donar Services
Po Box 17090
Baltimore MD 21203

Catholic Umbrella Pool
C/O Catholic Mutual Relief Soc
10843 Old Mill Road
Omaha NE 68154

CB 403(B) Plan
Po Box 0877
Bedford Park IL 60499

CCLI
17205 Se Mill Plain Blvd
Ste 150
Vancouver WA 98683

Center For Applied Research
In The Apostolate
2300 Wisconsin Ave NW Ste 400
Washington DC 20007

Centro Maria
650 Jackson St Ne
Washington DC 20017

Charter Audit
Po Box 96990
Washington DC 20090

Chelsey Jensen
308 Burnside Street Se
Sleepy Eye MN 56085

Christauria Welland Psy D
14356 Marianopolis Way
San Diego CA 92129

Christian Bros Emp Ret Plan
Po Box 75733
Chicago IL 60675

Christina Stodola
413 S Valley Street
New Ulm MN 56073

Christina Wangen
747 8th St
Granite Falls MN 56241

Church Art Online
Po Box 6360
Beaufort SC 29903

Church of Clara
512 Black Oak Ave
Montevideo MN 56265

Church of Mathias
PO Box 239
Wabasso MN 56293

Church of Our Lady
57482 CSAH 3
Grove City MN 56243

Church of Our Lady of Victory
PO Box 96
Lamberton MN 56255

Church of SS Peter and Paul
PO Box 310
Tyler MN 56178

Church of St Aloysius
302 S 10th St
Olivia MN 56277

Church of St Anastasia
460 Lake St SW
Hutchinson MN 55350

Church of St Andrew
PO Box C
Fairfax MN 55332

Church of St Andrew
512 Black Oak Ave
Montevideo MN 56265

Church of St Anne
PO Box 239
Wabasso MN 56293

Church of St Anthony
PO Box 409
Watkins MN 55389

Church of St Boniface
PO Box 202
Stewart MN 55385

Church of St Brendan
PO Box 85
Green Isle MN 55338

Church of St Bridget
508 13th St N

Benson MN 56215

Church of St Dionysius
PO Box 310
Tyler MN 56178

Church of St Eloi
409 N Adams St
Minneota MN 56264

Church of St Francis De Sales
PO Box 447
Winthrop MN 55396

Church of St Genevieve
PO Box 310
Tyler MN 56178

Church of St James
512 Black Oak Ave
Montevideo MN 56265

Church of St John
349 E Reuss Ave
Appleton MN 56215

Church of St John
PO Box 88
Morton MN 56270

Church of St John (Faxon) PO
Box 427
Henderson MN 56044

Church of St Joseph
PO Box 427
Henderson MN 56044

Church of St Joseph
PO Box 458
Lamberton MN 56152

Church of St Joseph (Rosen)
421 Madison Avenue
Ortonville MN 56278

Church of St Leo
307 4th St W
Canby MN 56220

Church Of St Louis
23189 State Hwy 4
Paynesville MN 56362

Church of St Malachy
508 13th St N
Benson MN 56215

Church of St Mary
713 12th SW
Willmar MN 56201

Church of St Mary
PO Box 392
Arlington MN 55307

Church of St Mary
PO Box 299
Beardsley MN 56211

Church of St Mary
PO Box 500
Bird Island MN 55310

Church of St Mary
PO Box 228
Cottonwood MN 56229

Church of St Mary
PO Box 239
Wabasso MN 56293

Church of St Mary
636 1st Ave N
Sleepy Eye MN 56085

Church of St Mary
249 6th St
Tracy MN 56175

Church of St Michael
104 Saint Mary's St NW
Milroy MN 56263

Church of St Michael
104 Saint Mary's St NW
Sleepy Eye MN 56085

Church of St Patrick
713 12th Street SW
Willmar MN 56201

Church of St Paul

PO Box 248
Nicollet MN 56271

Church of St Peter
1801 W Broadway Ave
St Peter MN 56082

Church of St Philip
821 E 5th St
Litchfield MN 55355

Church of St Thomas More
713 12th Street SW
Willmar MN 56201

Church of St Willibrord
PO Box 436
Gibbon MN 55335

Church of St. Andrew
1094 Granit Street
Granite Falls MN 56241

Church of St. Catherine
PO Box 383
Redwood Falls MN 56283

Church of St. Edward
409 N. Adams St RR 1 Box 431
Attn Officer, General or Agent
Minneota MN 56264

Church of St. Francis
508 13th St N
Benson MN 56215

Church of St. John
106 N 4th St
Darwin MN 55324

Church of St. John
PO Box 295
Hector MN 55342

Church of St. John
421 Madison Ave
Ortonville MN 56278

Church of St. Joseph
512 Black Oak Ave
Montevideo MN 56265

Church of St. Mary
417 S Minnesota St
New Ulm MN 56073

Church of St. Michael
PO Box 357
Gaylord MN 55334

Church of St. Michael
412 W 3rd St
Madison MN 56256

Church of St. Paul
PO Box 277
Comfrey MN 56019

Church of St. Paul
PO Box 236
Walnut Grove MN 56180

Church of St. Peter
307 4th St W
Canby MN 56220

Church of St. Pius
1014 Knight Avenue N
Glencoe MN 55336

Church of St. Raphael
112 W Van Dusen St
Springfield MN 56087

Church of St. Thomas More
781 2nd Street NE
Lake Lillian MN 56253

Church of the Holy Family
1014 Knight Avenue N
Glencoe MN 55336

Church of the Holy Redeemer
503 W Lyon St
Marshall MN 56255

Church of the Holy Redeemer
PO Box 401
Renville MN 56284

Church of the Holy Rosary
PO Box 7
Graceville MN 56240

Church of the Holy Rosary

525 Grant Ave
North Mankato MN 5600

Church of the Holy Trinity
PO Box 9
Winsted MN 55395

Church of the Sacred Heart
PO Box 175
Franklin MN 55333

Church of the Sacred Heart
PO Box 96
Murdock MN 56271

Clover Design LLC
901 Summit Ave
New Ulm MN 56073

Colleen Wenner
472 W Union Street
Saint Peter MN 56082

Connie Rossini
217 S Jefferson
New Ulm MN 56073

Creative Communications
1 Montauk Ave Ste 2
New London CT 06320

Crosier Fathers And Brothers
Brother Timothy Tomczak
Po Box 500
Onamia MN 56359

Current Labels Dept 6110165
Po Box 90
Sugar City ID 83448

Dan Wambeke
3260 280th Ave
Marshall MN 56258

Daniel Garland, Jr., P.H.D.
1314 Imboden Drive
Front Royal VA 22630
DCCW

Kris Anderson
26750 County Highway 13
Morgan MN 56266

Deacon Mark Kober
1421 Sixth Street North
New Ulm MN 56073

Deacon Michael J. McKeown
1421 Sixth Street North
New Ulm MN 56073

Deacon Roger Heidt
3202 S Foxglove Pl
Sioux Falls SD 57110

Deacon Timothy P. Dolan
1421 Sixth Street North
New Ulm MN 56073

Debbie Zime
3325 County Road 104
Barnum MN 55707

Deborah & Roger Schroeder
215 Rainbow Drive
Marshall MN 56258

Deborah Savage
522 N Mississippi River Blvd
Saint Paul MN 55104

Dick & Sandy Tuszynski
1941 120th Ave
Garvin MN 56132

Diocesan Fiscal Management Con
National Office
4727 E Bell Road, Ste 45-358
Phoenix AZ 85032

Diocese of Bismarck
Po Box 1575
Bismarck ND 58502

Diocese of Rapid City
606 Cathedral Drive
Po Box 678
Rapid City SD 57701

Diocese of St. Cloud
305 7th Ave N
St. Cloud MN 56303

Discalced Carmelite Friars
Brother Charles Gamen

1233 South 45th Street
Milwaukee WI 53214

Don And Lori Clasemann
27118 CO Road 14
Browerville MN 56438

Donlar Construction Company
550 Shoreview Park Road
Saint Paul MN 55126

Dorie Reiter
6240 Cty Road 120 Apt 320
Saint Cloud MN 56303

Dr Matthew Tsakanikas
144 Pine Shores Drive
Front Royal VA 22630

DRS. Akre & Clark
1715 S Broadway
PO Box 727
New Ulm MN 56073

Ebreviary
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New York NY 10009

Elizabeth Thoreson
316 Dekalb Street
Redwood Falls MN 56283

Elvia Pena
1615 14th Street
Glencoe MN 55336

Emily Schumacher
17644 300th Ave
Sleepy Eye MN 56085

Father Aaron T Johnanneck
Cathedral of the Holy Trinity
605 N State St
New Ulm MN 56073

Fed Ex
Po Box 94515
Palatine IL 60094

First Choice Pregnancy Service
1223 S Broadway Street

New Ulm MN 56073

FR Andy Beerman
901 South Prairie Avenue
Fairmont MN 56031

Friends Of San Lucas
4679 Cambridge Drive
Saint Paul MN 55122

Greg Troska
1403 Ranger Drive Road
Glencoe MN 55336

Groves Academy
Attn: Ruth Anderson
3200 Highway 100 S
St Louis Park MN 55416

Handmaids
Holy Trinity Convent
515 N State Street
New Ulm MN 56073

Heglund Catering
Po Box 563
Willmar MN 56201

Heralds Of Good News
Rev Fr M Jesu Raj
Po Box 363
Corbin KY 40702

Holy Redeemer School
501 S Whitney St
Marshall MN 56258

Holy Trinty Elementary School
PO Box 38
Winsted MN 55395

Holy Trinty High School
PO Box 38
Winsted MN 55395

Hope & Faith Floral Sleepy Eye
232 Main Street E
Sleepy Eye MN 56085

Hope & Faith Floral/Gifts
209 North Minnesota Street

New Ulm MN 56073

Inst. of The Incarnate Word
Fr Gaston Giacinti
1404 Old Gate Lane
Dallas TX 75218

Irene Zupfer
1426 N Garden
New Ulm MN 56073

Japanese Martyrs
30881 Country Road 24
Sleepy Eye MN 56085

Jeanine McMahon
Po Box 596
Winsted MN 55395

Jeffrey Staab
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Ruther Glen VA 22546

Jim Horgan MA LP
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Marshall MN 56258

JMV Therapy
Parkdale Plaza Suite 330
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Minneapolis MN 55416

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Marshall MN 56258

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20788 451st Ave
Arlington MN 55307

Kelly Streich
120 Elizabeth Drive
Aberdeen SD 57401-4000

Kevin Rickert
1663 Gilmore Valley Road
Winona MN 55987

Knights of Columbus
Po Box 1492
New Haven CT 06506

Leaflet Missal
976 W Minnehaha Ave
Saint Paul MN 55104

Linda Kaiser
305 North 7th Ave
Saint Cloud MN 56303

Linkedin Corporation
62228 Collections Center Drive
Chicago IL 60693

Lizz Strandburg
St Mary's School
140 S 10th Street
Bird Island MN 55310

Lora Rahe
16723 KC Road
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